

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|---|-------------------------|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: Care For Kids Program | PROGRAM ELEMENT: | | | | |
| PROGRAM MISSION: To improve access to health care for uninsured children | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of eligible Care-For-Kids children linked to a medical care provider | 86 | ^a 72 | 83 | 85 | 80 |
| Service Quality: | | | | | |
| Percentage of clients satisfied with linkage process | 94 | ^b NA | 90 | 90 | 90 |
| Percentage of referred children linked with a provider within one month of referral from a Service Eligibility Unit ^c | 25 | ^a 15 | 51 | 50 | 50 |
| Efficiency: | | | | | |
| Average cost per child to provide medical care (\$) | 464 | 231 | 257 | 291 | 291 |
| Workload/Outputs: | | | | | |
| Number of children referred from Service Eligibility Units to Care-For-Kids | 1,116 | 1,222 | 950 | 1,200 | 1,100 |
| Number of children newly enrolled with Care-For-Kids providers | 955 | ^d 839 | 785 | 840 | 800 |
| Total number of participating children | 1,787 | ^d 2,739 | 2,728 | ^e 2,500 | 2,500 |
| Inputs: | | | | | |
| Expenditures (\$000) ^f | 830 | 633 | 701 | 727 | 727 |
| Workyears ^f | 0.6 | 0.6 | 0.6 | 0.6 | 0.6 |
| Notes: ^a Budget reductions and the savings plan implemented during the second half of FY02 resulted in reduced staff for enrollment assistance. ^b Due to poor response to a mailed survey, the survey was not repeated in FY02. The questionnaire was revised and resumed in FY03. ^c Service Eligibility Units are part of a Department of Health and Human Services program that helps uninsured County residents access a variety of Federal, State, and County funded health programs. ^d Enrollment was expanded to School Based Health Centers. The Spanish Catholic Center was also added as a new provider and source of referrals. ^e Eligibility requirements for both the Maryland Children's Health Program (MCHP) and Care for Kids changed during FY04. The full impact of the reductions in MCHP are unknown at this time but are estimated to be approximately 300 children. ^f Expenditures and workyears include the contract monitoring effort and represent the full cost associated with service delivery. | | | | | |
| EXPLANATION: Research indicates that adherence to the American Academy of Pediatrics guidelines on well-child visits is related to a decrease in avoidable hospitalizations among poor and near-poor children regardless of race, family poverty level, or health status of the child. Having a regular source of health care promotes the use of preventive services. One study indicates that uninsured children are eight times less likely to have a regular source of health care than insured children. Research also shows that children who are insured are more likely to be healthy. Children who are healthy are more likely to succeed in school. The Care For Kids Program (CFK) supports the goal of the Montgomery County Government that all children in the County will have health insurance and access to health care by providing services to children who do not qualify for the Maryland Children's Health Program or Medical Assistance. The Primary Care Coalition (PCC) of Montgomery County handles administrative and enrollment responsibilities under a contract with Public Health Services. Children are screened for eligibility by the Department of Health and Human Services Service Eligibility Units and then referred to the PCC, where they are linked to a medical provider. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Primary Care Coalition, Department of Health and Human Services Service Eligibility Units, Montgomery County Public Schools, School Health Services, Department of Health and Human Services Dental Program, Kaiser Permanente, Community Clinic, Inc. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Children's Medical Services, Care For Kids Case Management Services. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Cigarette Restitution Fund Programs

PROGRAM ELEMENT:

Cancer Prevention, Education, Screening and Treatment

PROGRAM MISSION:

To eliminate the greater incidence of and higher morbidity rates for cancer in minority populations, and to increase the availability of and access to health care services for uninsured individuals and medically underserved populations

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|--------------------|--------------------|
| Outcomes/Results: | | | | | |
| Percentage of low-income uninsured residents found with cancer that received treatment and follow-up | 100 | 100 | 100 | 100 | 100 |
| Percentage of medically underserved and uninsured individuals screened who are provided with access to health care services | 100 | 100 | 100 | 100 | 100 |
| Number of patients found to have pre-cancerous colon polyps | NA | 20 | 50 | 50 | 50 |
| Number of patients found to have colon cancer | NA | 3 | 3 | 3 | 3 |
| Number of oral cancers detected and treated | NA | 1 | 0 | 3 | 1 |
| Service Quality: | | | | | |
| Percentage of individuals satisfied with the cancer screening program services ^a | NA | NA | NA | 100 | 100 |
| Efficiency: | | | | | |
| Average cost of a colorectal cancer screening (\$) | NA | NA | NA | 109 | 109 |
| Average cost of an oral cancer screening (\$) | NA | NA | NA | 109 | 109 |
| Workload/Outputs: | | | | | |
| Number of persons educated on cancer prevention through outreach efforts | NA | 6,694 | 11,000 | 10,000 | 10,000 |
| Number of oral cancer examinations performed | NA | 386 | 1,196 | ^c 400 | ^c 500 |
| Number of colonoscopies performed on uninsured individuals | NA | 215 | 445 | 400 | 400 |
| Inputs: | | | | | |
| Expenditures (\$000) | NA | 1,872 | 1,872 | ^c 1,092 | ^c 1,092 |
| Workyears | NA | 5.0 | 5.0 | ^b 4.3 | 4.3 |

Notes:

^aCustomer satisfaction survey to be conducted in FY04.

^bA quality audit conducted in FY04 resulted in a reallocation of workyears.

^cReflects grant reduction.

EXPLANATION:

The Cancer Prevention, Education, Screening, and Treatment Program was established under the Cigarette Restitution Fund law to combat cancer in Maryland. The Cigarette Restitution Fund law requires that counties in Maryland develop plans and seek ways to increase community understanding of cancer prevention measures and the benefits of screening. A large number of community-based organizations and institutions, including the major community hospitals, have been working within a coalition called the Montgomery County Cancer Crusade to raise awareness of the importance of cancer screening for all County residents and to provide free screening and treatment services for those who are uninsured and low-income.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Adventist Health Care, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital, Primary Care Coalition, National Cancer Institute, University of Maryland, Johns Hopkins Medical Institution, Montgomery County Medical Society, Montgomery County Community Partnerships, Montgomery County Public Schools, Montgomery College, African American Health Program, Latino Health Initiative, Asian American Cancer Program.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Mental Hygiene Minimal Elements for Cancer Screening and Treatment, Montgomery County Comprehensive Plan for Cancer Control, Healthy People 2010 Screening Objectives.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Cigarette Restitution Fund Programs | | PROGRAM ELEMENT: Tobacco Use Prevention and Cessation | | | |
| PROGRAM MISSION: To reduce the prevalence of tobacco use and to promote healthy living and smoke-free environments, thereby reducing the death and illness associated with tobacco use | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy • Young people making smart choices | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of adults using tobacco products ^a | 14 | NA | 10 | 10 | 9 |
| Percentage of youth (under 18) using tobacco products ^a | 16 | NA | 17 | 15 | 12 |
| Percentage of youth leaders and tobacco control advocates reporting improved knowledge, perception, and attitude about tobacco use | 100 | 100 | 100 | 100 | 100 |
| Service Quality: | | | | | |
| Percentage of community organizations recruited that support an environment that reinforces non-smoking behaviors | NA | NA | 95 | 100 | 100 |
| Efficiency: | | | | | |
| Average cost per smoking cessation outreach initiative (\$) | NA | NA | 7,000 | 6,655 | 6,655 |
| Workload/Outputs: | | | | | |
| Number of educational outreach activity programs on secondhand smoke exposure | 4 | 12 | 13 | 15 | 15 |
| Number of youth access tobacco compliance checks performed ^b | NA | 1,852 | 1,900 | 1,500 | 1,500 |
| Number of health care providers reached with tobacco cessation information | NA | 200 | 250 | 250 | 300 |
| Number of organizations funded for tobacco control activities | NA | 15 | 10 | 10 | 12 |
| Inputs: | | | | | |
| Expenditures (\$000) | NA | 1,067 | 1,067 | ^{c,d} 792 | ^d 792 |
| Workyears | NA | 3.2 | 3.2 | ^c 3.0 | 3.0 |
| Notes: ^a Findings on tobacco use among youth and adults are based on the Maryland Baseline Tobacco Study. ^b Youth access tobacco compliance checks are investigations performed on merchants to track any tobacco sales to youth under 18 years of age. ^c A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. ^d Reflects grant reduction. | | | | | |
| EXPLANATION: As part of Maryland's strategy to reduce tobacco use and curtail the negative health consequences of such use, the State enacted the Cigarette Restitution Fund legislation as a result of its lawsuit against the tobacco industry. A requirement of this legislation is the Tobacco Use Prevention and Cessation Program - a local public health effort which is charged with implementing programs and identifying ways to reduce the impact of disease, disparities, and death associated with tobacco use. Major emphasis is placed on reducing the initiation of tobacco use and providing outreach to all populations, with special emphasis on high-risk and targeted groups. Organizations funded for tobacco control activities include community-based minority groups, Montgomery College, and the Montgomery County Public Schools. The funding is for community-based, school-based cessation and enforcement initiatives. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Commission on Health, Montgomery County Community Partnerships, Montgomery County Public Schools, Students Oppose Smoking, Montgomery College, African American Health Program - Oral Health Initiative, Latino Health Initiative, Board of Liquor License Commissioners. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control's Best Practices for Comprehensive Tobacco Control Programs, Governor's Task Force to End Smoking in Maryland, CRF Senate/House Bill 896/1425. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Care for Rabies Exposure

PROGRAM MISSION:

To prevent rabies disease in humans

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

 FY01
ACTUAL

 FY02
ACTUAL

 FY03
ACTUAL

 FY04
BUDGET

 FY05
CE REC

Outcomes/Results:

| | | | | | |
|---|----|----|----|----|----|
| Percentage of residents at-risk for exposure to rabies virus that initiate post-exposure care | 70 | 99 | 98 | 98 | 98 |
|---|----|----|----|----|----|

Service Quality:

| | | | | | |
|---|-----|-----|-----|-----|-----|
| Percentage of at-risk exposed residents who receive counseling within one working day | 100 | 100 | 100 | 100 | 100 |
|---|-----|-----|-----|-----|-----|

Efficiency:

| | | | | | |
|--|-----|-----|-----|--------------------|-------|
| Average cost per client counseled for rabies prevention (\$) | 559 | 514 | 552 | ^a 1,207 | 1,207 |
|--|-----|-----|-----|--------------------|-------|

Workload/Outputs:

| | | | | | |
|---|-----|-----|-----|-----|-----|
| Number of residents exposed to animals at risk for rabies | 195 | 185 | 172 | 150 | 150 |
|---|-----|-----|-----|-----|-----|

| | | | | | |
|---|----|----|-----|----|----|
| Number of residents initiating post exposure care | NA | NA | 126 | 80 | 85 |
|---|----|----|-----|----|----|

Inputs:

| | | | | | |
|----------------------|-----|----|----|------------------|-----|
| Expenditures (\$000) | 109 | 95 | 95 | ^a 181 | 181 |
|----------------------|-----|----|----|------------------|-----|

| | | | | | |
|-----------|-----|-----|-----|------------------|-----|
| Workyears | 1.6 | 1.4 | 1.4 | ^a 1.4 | 1.4 |
|-----------|-----|-----|-----|------------------|-----|

Notes:

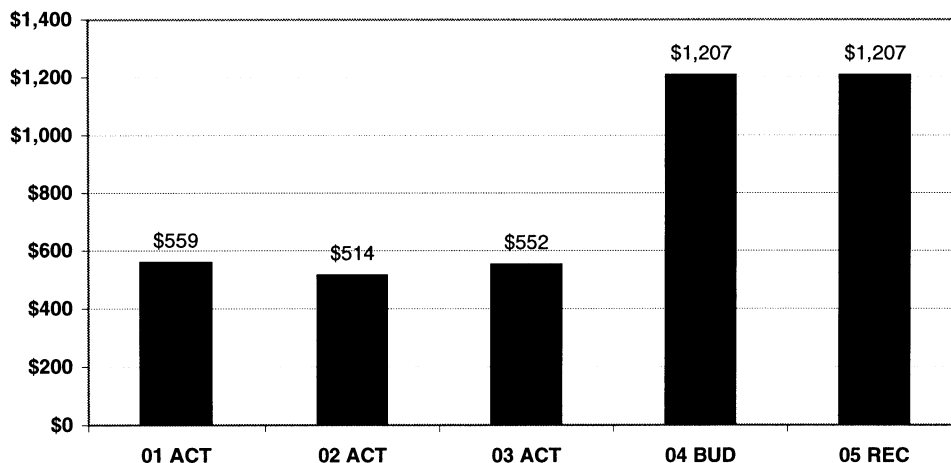
^aA quality audit was conducted in FY04 which resulted in the reallocation of workyears and expenditures.

EXPLANATION:

People have the potential to contract rabies, a fatal disease, from exposure to an infected animal. This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines are given to the patient for administration by their physician.

The County averages 85 people per year who received post exposure care. However, one pet may account for multiple exposures. For example, in June 2003, one kitten caused 60 persons to receive rabies shots.

Average Cost per Client for Rabies Prevention



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Montgomery County Police - Animal Services Division, local private care providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, COMAR 10.06.02 Rabies, Department of Health and Mental Hygiene Policy and Procedure Manual, American Advisory Committee for Immunization Practices on Rabies.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Death Certificate Registration

PROGRAM MISSION:

To provide the public with local access to the registration and issuance of death certificates

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

| | | | | | |
|---|-----|-----|-----|-----|-----|
| Total fees collected (\$000) ^a | 110 | 294 | 303 | 380 | 380 |
|---|-----|-----|-----|-----|-----|

Service Quality:

| | | | | | |
|---|-----|-----|-----|-----|-----|
| Percentage of certificates issued within one day of request | 100 | 100 | 100 | 100 | 100 |
|---|-----|-----|-----|-----|-----|

Efficiency:

| | | | | | |
|---|------|------|------|------|------|
| Average cost per certificate issued (\$) | 1.83 | 2.09 | 2.07 | 2.72 | 2.72 |
| Fees collected per program dollar expended (\$) | 1.09 | 2.85 | 2.94 | 2.79 | 2.79 |

Workload/Outputs:

| | | | | | |
|---|--------|--------|--------|--------|--------|
| Number of death certificates requested and issued | 55,256 | 49,364 | 49,755 | 50,000 | 50,000 |
| Average number of requested certificates issued per death | 8.8 | 8.3 | 8.5 | 8.5 | 8.5 |

Inputs:

| | | | | | |
|----------------------|-----|-----|-----|------------------|-----|
| Expenditures (\$000) | 101 | 103 | 103 | ^b 136 | 136 |
| Workyears | 1.7 | 1.7 | 1.7 | 1.7 | 1.7 |

Notes:
^aThis represents the portion of the fees retained by the County.

^bA quality audit was conducted in FY04 which resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The responsibility for issuing death certificates remains with the Maryland State Department of Health and Mental Hygiene, Division of Vital Records. The County's vital records program provides a local office for funeral directors to register Maryland deaths. Certified copies of death certificates are issued for a fee to families and representatives of the estate for up to 30 days after the date of filing.

The fee charged per certificate was increased from \$10 to \$20 on June 1, 2003. The State receives \$12 and the County keeps \$8 to offset local costs. This is an increase of \$2.00 per certificate allocated to local costs.

Records are reviewed for accuracy and rejected until necessary corrections are completed. Public health information is extracted from each record by the Maryland State Health Statistics Program to provide generalized information about the overall health status and well-being of the community. In addition, death verifications are provided to Social Services to expedite benefits to eligible clients.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene - Division of Vital Records.

MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Health - General, Title 4. Vital Statistics and Records; State and County policies and procedures.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Immunization Education, Outreach, and Surveillance of Private Schools and Physician Offices

PROGRAM MISSION:

 To protect the public from vaccine preventable diseases and promote vaccine completion among two-year olds^a
COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|-----------------|-----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of surveyed private practices that have at least an 80% vaccine completion rate for two-year olds ^a | 85 | 72 | 93 | 90 | 94 |
| Percentage of private schools that have a student compliance rate of at least 95% ^b | 95 | 98 | 98 | 100 | 100 |
| Service Quality: | | | | | |
| Percentage of private practices satisfied with office surveillance and education ^c | 80 | ^c NA | 98 | 95 | 95 |
| Percentage of private schools satisfied with record surveillance | NA | 95 | 100 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per surveillance (\$) | 908 | 1,551 | 1,929 | 2,315 | 2,315 |
| Workload/Outputs: | | | | | |
| Number of private practices receiving education and record surveillance ^d | 75 | 106 | ^e 73 | 75 | 75 |
| Number of private provider records surveyed | 1,350 | 1,850 | 1,450 | 1,500 | 1,750 |
| Number of private schools receiving record surveillance | 55 | 52 | 54 | 52 | 52 |
| Number of children case managed after referral from record surveillance ^g | NA | NA | 287 | TBD | TBD |
| Inputs: | | | | | |
| Expenditures (\$000) | 118 | 245 | 245 | ^f 294 | 294 |
| Workyears | 3.9 | 3.9 | 3.9 | 3.9 | 3.9 |

Notes:

^aThe vaccine completion rate for two-year olds refers to 4:3:1 (4 DTP, 3 Polio, 1 MMR) which is recommended by the American Academy of Pediatrics. Maryland, like many other states, also requires 1 Varicella, 1 HIB, and 3 Hepatitis B shots prior to pre-school and kindergarten enrollment.

^b20 percent of the County's 250 private schools are required to be selected at random for yearly surveillance.

^cA telephone satisfaction survey is conducted after physician and school visits are complete. However, during FY02 resources did not allow this practice to occur.

^dThis is not an unduplicated count as it includes some repeat surveillance visits to track the improvement rate.

^eStaffing shortages reduced the number of private practices visited.

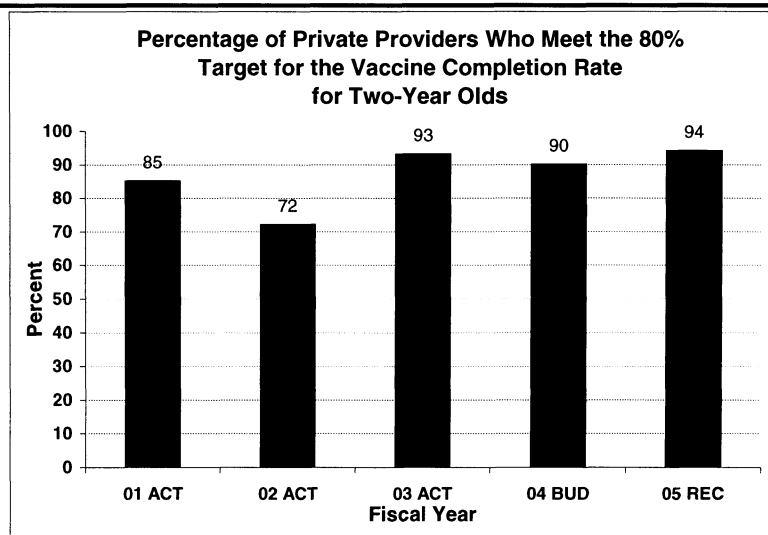
^fA quality audit conducted in FY04 resulted in a reallocation of expenditures.

^gInstitutional knowledge regarding data collection was lost due to staff changes. The FY03 result utilizes new criteria, which will continue to be applied in future years.

EXPLANATION:

Immunization education and surveillance include strategies to simultaneously increase vaccine injection; adoption of Standards of Pediatric Immunization Practice; vaccine safety, accountability, storage, and handling; and documentation to maintain compliance with Federal Vaccine for Children Program requirements. The State of Maryland has initiated a program that will assist the County in its continuing effort to provide increased provider reviews as well as private school surveillance.

Research has shown that interventions aimed toward increasing immunization rates may be better served by targeting private provider behavior, since there are indicators suggesting that the majority of missed opportunities to vaccinate occur during acute care visits rather than well-child visits. Interventions designed to encourage administration of vaccine to mildly ill children, as well as healthy ones, could have a significant impact on increasing vaccination rates, especially in high risk communities.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Private physicians, hospitals, Maryland Department of Social Services, Child Care Connection, Montgomery County Public Schools, community service groups, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State of Maryland regulations, local guidelines, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Communicable Disease, Epidemiology, and Lab Services | | PROGRAM ELEMENT: Lab Specimen Accessioning ^a | | | |
| PROGRAM MISSION: To secure public health laboratory specimens and provide safe transport to testing laboratories | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| <u>Outcomes/Results:</u> | | | | | |
| Percentage of accessioned ^a lab specimens that are processed by the State lab | 100 | 100 | 100 | 100 | 100 |
| <u>Service Quality:</u> | | | | | |
| Percentage of days in compliance with CLIA ^b requirements | 100 | 100 | 100 | 100 | 100 |
| <u>Efficiency:</u> | | | | | |
| Average cost per lab customer (\$) | 29.37 | 25.29 | 22.27 | ^c 24.89 | 24.89 |
| <u>Workload/Outputs:</u> | | | | | |
| Number of lab customers | 3,166 | 3,717 | 4,220 | 4,500 | 4,500 |
| Number of clinical summaries provided to users | 3,958 | 3,145 | 2,032 | 2,200 | 2,200 |
| <u>Inputs:</u> | | | | | |
| Expenditures (\$000) | 93 | 94 | 94 | ^c 112 | 112 |
| Workyears | 1.2 | 1.2 | 1.2 | ^c 1.4 | 1.4 |
| <u>Notes:</u> ^a Accessioning refers to registration and preparation of lab specimens for transport. ^b CLIA = Clinical Laboratory Improvement Act regulations for safe operation. ^c A quality audit conducted in FY04 resulted in reallocation of workyears and expenditures. | | | | | |
| EXPLANATION: Laboratory specimens are taken from patient care areas within the Department of Health and Human Services as well as private clinical practices and are secured in the accessioning station at the Dennis Avenue Health Center. Blood and bodily fluid specimens are maintained for proper storage, organism growth, and safety from leakage, thus preventing communicable disease exposure to workers. Specimens are prepared for transport to the State's Central Laboratory where testing is completed. Reports are then returned to the care providers. Monitoring of tests performed in-house provides quality assurance for clinical accuracy and meets the requirements for licensure certification. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Laboratory Administration. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, Clinical Laboratory Improvement Act (CLIA) regulations for laboratories. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

 Perinatal^a Hepatitis B Prevention

PROGRAM MISSION:

To prevent Hepatitis B infection in newborn infants through identification and case management of pregnant women diagnosed with Hepatitis B

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of at-risk infants ^b receiving protective vaccine at birth | 77 | 100 | 93 | 92 | 93 |
| Percentage of at-risk infants ^b who still live in the County who are fully protected for Hepatitis B by 8 months of age | 50 | 50 | 77 | 78 | 80 |
| Service Quality: | | | | | |
| Percentage of diagnosed Hepatitis B pregnant women who receive services including treatment and/or counseling before delivery | 65 | 77 | 89 | 88 | 89 |
| Efficiency: | | | | | |
| Average cost per individual case (\$) | 927 | 1,213 | 1,200 | 991 | 991 |
| Average caseload per Community Health Nurse | 97 | 75 | 75 | 110 | 110 |
| Workload/Outputs: | | | | | |
| Number of pregnant women diagnosed with Hepatitis B | 96 | 75 | 75 | 110 | 110 |
| Number of at-risk infants ^b | 97 | 75 | 76 | 110 | 110 |
| Number of interventions per family at risk | 4 | 4 | 5 | 5 | 7 |
| Inputs: | | | | | |
| Expenditures (\$000) | 89 | 91 | 90 | ^c 109 | 109 |
| Workyears | 1.2 | 1.2 | 1.2 | ^c 1.1 | 1.1 |

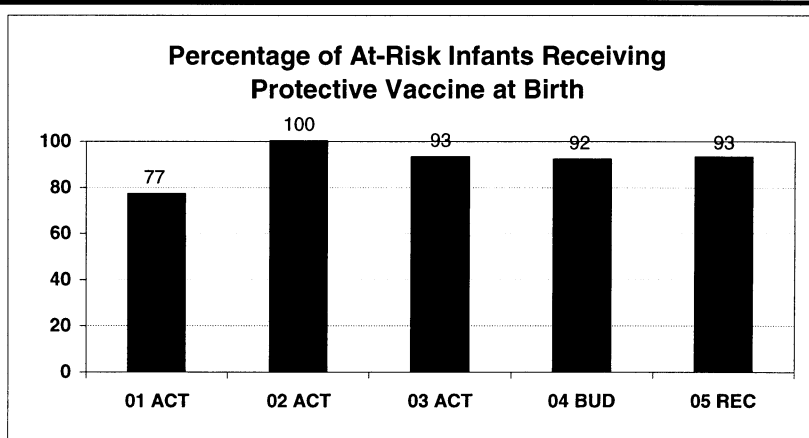
Notes:
^aPerinatal refers to the entire pregnancy and after-birth time-frame.

^bAt-risk infants are those infants born to pregnant women who have been diagnosed with Hepatitis B.

^cA quality audit was conducted in FY04 which resulted in reallocation of workyears and expenditures.

EXPLANATION:

Program activities include laboratory monitoring to identify and case manage the prenatal patients who are diagnosed with Hepatitis B and are at risk for passing the disease to their babies. Services provided include direct care, counseling, and education of pregnant women and their families, and coordinating care with their obstetrician, pediatricians, and health care providers associated with the hospital of delivery. The program tracks the infants born to these women from birth through age 15 months. These infants receive protective vaccine at birth, the full infant series of vaccine, and bloodtesting to assure the protective series worked.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, primary care obstetricians, pediatricians, delivery hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01, Centers for Disease Control perinatal hepatitis B guidelines, American Academy of Pediatrics standards of care.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services; Community Health Nursing

PROGRAM ELEMENT:

Immunization Vaccine Administration

PROGRAM MISSION:

To provide immunizations to children and eligible adults to protect them and the general public from vaccine preventable diseases

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|----------------|----------------|
|--|----------------|----------------|----------------|----------------|----------------|

Outcomes/Results:

| | | | | | |
|---|----|----|-----|------|------|
| Percentage of infants, children, and adults receiving appropriate immunizations | 98 | 98 | 100 | 99.5 | 99.5 |
|---|----|----|-----|------|------|

Service Quality:

| | | | | | |
|--|----|----|----|----|----|
| Number of accessible clinic locations ^a | 8 | 8 | 6 | 7 | 7 |
| Average length of visit (minutes) | 60 | 60 | 60 | 60 | 60 |

Efficiency:

| | | | | | |
|-------------------------------------|----|----|----|-----------------|----|
| Average cost per vaccine given (\$) | 64 | 52 | 47 | ^b 65 | 65 |
|-------------------------------------|----|----|----|-----------------|----|

Workload/Outputs:

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Number of infants and children vaccinated | 2,053 | 2,856 | 2,827 | 2,900 | 2,800 |
| Number of adults vaccinated | NA | 25 | 740 | 350 | 400 |
| Number of vaccines given | 5,244 | 6,975 | 7,764 | 6,550 | 6,550 |

Inputs:

| | | | | | |
|----------------------|-----|-----|-----|------------------|-----|
| Expenditures (\$000) | 334 | 362 | 362 | ^b 424 | 424 |
| Workyears | 5.9 | 5.9 | 5.9 | ^b 5.1 | 5.1 |

Notes:

^aWalk-in clinics are located at various sites throughout the County during daytime, evening, and weekend hours.

^bA quality audit was conducted in FY04 which resulted in the reallocation of workyears and expenditures.

EXPLANATION:

Immunizations are administered at eight easily accessible locations throughout the County, including health centers and in collaboration with two local hospitals. Services are delivered by County nurses and immunization program staff. They are free for children birth to age 18, and for certain adults eligible according to Federal and State regulations. Providing immunization services in non-traditional locations (such as emergency rooms at local hospitals) and on weekends to under- and uninsured families is a strategy that has been used successfully to boost attendance at walk-in clinics.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community service agencies, Adventist Health Care System, Maryland Department of Health and Mental Hygiene Center for Immunizations.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

African American Health Program

PROGRAM MISSION:

To eliminate health disparities between African-Americans and other populations in Montgomery County through community-based coalitions that will advocate for increased access to health services, develop and implement strategies for prevention of diseases, and increase public awareness of health needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|------------------|------------------|
| Outcomes/Results:^a | | | | | |
| Rate of African-American infant mortality per 1,000 live births | 10.5 | TBD | TBD | 9.0 | 9.0 |
| Percentage of hospital discharge patients diagnosed with diabetes-related diseases who are African-Americans ^b | 32 | 32 | 32 | 32 | 32 |
| Number of abnormalities found through oral cancer screening | NA | 11 | 26 | 13 | 13 |
| Percentage of new AIDS cases that are African-American ^b | 47 | 47 | 47 | 47 | 47 |
| Service Quality: | | | | | |
| Percentage of program participants surveyed who report satisfaction with the services | NA | NA | 85 | 90 | 90 |
| Efficiency: | | | | | |
| Cost per educational activity (\$) | NA | NA | 184 | 185 | 185 |
| Cost per pregnant woman case-managed (\$) | NA | NA | 1,641 | 1,650 | 1,650 |
| Workload/Outputs: | | | | | |
| Number of Wellness Center clinic visits | NA | NA | 279 | 700 | 700 |
| Number of pregnant women case-managed | NA | 30 | 47 | 90 | 90 |
| Number of participants in HIV Prevention Programs | NA | NA | 275 | 300 | 300 |
| Number of participants in diabetes education activities | NA | NA | 188 | 100 | 100 |
| Number of groups getting mini-grants for educational activities | NA | NA | 18 | 10 | 10 |
| Number of patients screened for oral cancer | NA | 386 | 1,192 | 750 | 750 |
| Inputs: | | | | | |
| Expenditures (\$000) | 530 | 571 | 796 | ^c 825 | ^d 900 |
| Workyears | 1.8 | 1.8 | 1.8 | ^c 1.3 | 1.3 |

Notes:

^aOutcome data are reported by calendar year.

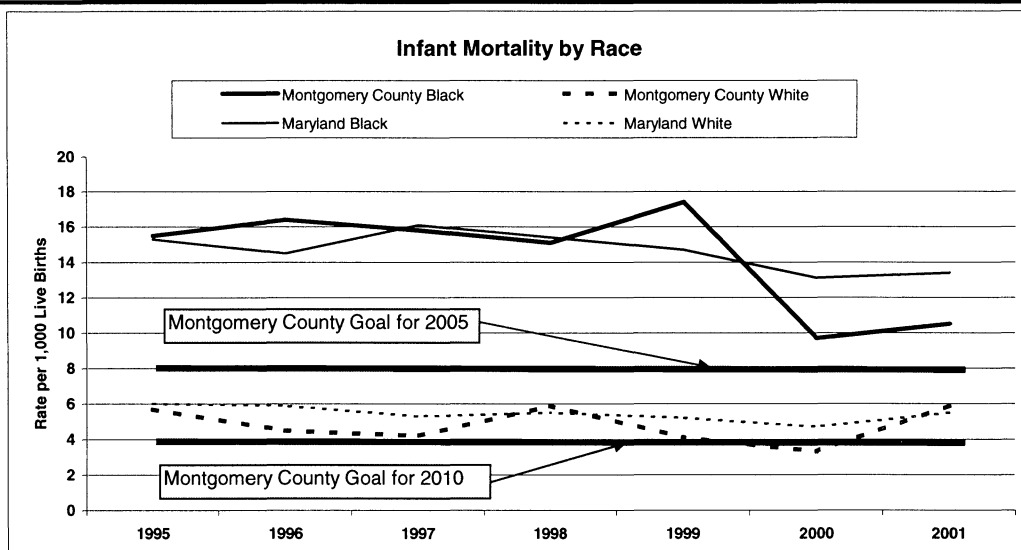
^bAfrican-Americans make up 15% of the County population.

^cA quality audit was conducted in FY04 which resulted in a reallocation of workyears and expenditures.

^dIncludes County Executive recommended enhancements.

EXPLANATION:

The Department of Health and Human Services implemented the African American Health Program to address health disparities that are disproportionately affecting African Americans. The Program is composed of community-based coalitions in the areas of infant mortality, diabetes, HIV/AIDS, oral health (oral cancer), and other chronic diseases. The program provides clinic services through The People's Community Wellness Center, nurse case management for pregnant women, health education, intervention, and prevention activities to improve the health status of African Americans in Montgomery County.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The People's Community Baptist Church, Academy for Educational Development; Holy Cross Hospital; Adventist Health Care; other Montgomery County Health and Human Services programs; Centers for Disease Control; Maryland Department of Health and Mental Hygiene; the faith community; other community leaders, members, and partners.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Department of Health and Human Services - Healthy People 2010 goals and objectives, Montgomery County Health Status Reports.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Client Services Center - Administrative Care
Coordination Unit (ACCU) and Ombudsman

PROGRAM MISSION:

To educate and assist Health Choice recipients in using the managed care medical system

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|-----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of Health Choice recipients who have their health service and access issues resolved | NA | 92 | ^a 72 | 90 | 85 |
| Number of clients who re-establish a relationship with their provider | NA | NA | 304 | 400 | 350 |
| Service Quality: | | | | | |
| Percentage of referrals received from the Department of Health and Mental Hygiene (DHMH) with status reports returned within 30 days | 87 | 82 | 83 | 85 | 85 |
| Efficiency: | | | | | |
| Cost per referral (\$) | 291 | 280 | 209 | ^b 421 | 488 |
| Workload/Outputs: | | | | | |
| Number of client referrals from DHMH for Health Choice system education | 229 | 368 | 651 | 300 | 350 |
| Number of client referrals from DHMH for denial of service and complex medical issue resolution | 19 | 35 | 55 | 50 | 50 |
| Number of outreach activities | 290 | 300 | 900 | 325 | 400 |
| Number of pre-natal referrals from private OB/GYN providers that were triaged for case management | 797 | 836 | 1,008 | 1,050 | 1,000 |
| Number of Infant at Risk referrals that were triaged for case management | 300 | 293 | 354 | 300 | 300 |
| Inputs: | | | | | |
| Expenditures (\$000) | 391 | 430 | 432 | ^b 831 | 831 |
| Workyears | 6.7 | 6.7 | 6.7 | ^b 8.2 | 8.2 |

Notes:

^aResults reflect insufficient staff to meet significant increase in referrals.

^bA quality audit was conducted in FY04 which resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Administrative Care Coordination Unit (ACCU)/Ombudsman Unit is a Department of Health and Mental Hygiene supported program designed to help Medical Assistance (Health Choice) recipients transition from fee-for-service care to managed care. The goal is to have a primary care provider/medical home for every eligible recipient, to encourage preventive health care practices, and to lower the incidence of episodic emergency room care. The ACCU receives referrals from the Maryland Department of Health and Mental Hygiene, managed care organizations, and providers for the purpose of assisting recipients with locating and/or relinking to primary care providers and educating those who have little knowledge or understanding of the system. The Ombudsman responds as a recipient's advocate in cases of denial of needed health care services and/or coordination/resolution of complex medical issues.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene Health Choice and Acute Care Customer Support, managed care organizations, Volunteer Multi-Cultural Health Promoters.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.66.03, 10-09.65.04, 10.09.72.02.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Community Health Nursing Case Management

PROGRAM MISSION:

To provide home visits, assessment, care planning, health education, coordination, and linkage to providers and other community resources for at-risk pregnant women and children to promote safe and healthy children

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|--------------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of healthy birth weight babies born to case-managed maternity clients ^a | 94 | 91 | 84 | 94 | 94 |
| Percentage of clients who enter care in the first trimester of pregnancy | 54 | 40 | 48 | 55 | 55 |
| Percentage of women who breastfeed | NA | NA | NA | 80 | 80 |
| Service Quality: | | | | | |
| Percentage of maternity clients who have a nursing intervention within 10 days of eligibility determination ^b | NA | NA | NA | TBD | TBD |
| Efficiency: | | | | | |
| Annual maternity caseload per Community Health Nurse | 109 | 108 | ^c 66 | ^c 98 | 98 |
| Average cost per case-managed maternity client (\$) | 1,442 | 1,205 | ^c 2,271 | ^c 1,410 | 1,449 |
| Workload/Outputs: | | | | | |
| Number of maternity clients case-managed | 2,838 | 3,484 | 1,849 | 2,775 | 2,700 |
| Number of children case-managed | 869 | 1,576 | 804 | 993 | 900 |
| Number of babies delivered | 1,639 | 1,904 | 1,644 | 1,580 | 1,500 |
| Number of healthy birth weight babies | 1,530 | 1,734 | 1,386 | 1,485 | 1,480 |
| Number of clients entering care in their first trimester | 878 | 738 | 881 | 820 | 800 |
| Inputs: | | | | | |
| Expenditures (\$000) | 4,091 | 4,200 | 4,200 | ^c 3,913 | 3,913 |
| Workyears | 54.0 | 53.0 | 53.0 | ^c 49.2 | 49.2 |

Notes:

^aCase-managed clients include both Medical Assistance and eligible uninsured clients.

^bData are not available because of the lack of funding to complete the Public Health Services' PULS database.

^cThe mid-year reduction in workyears in FY03 was not reflected until FY04. In addition, a quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Research has demonstrated that many pervasive health and social problems are a consequence of poor maternal health-related behaviors, inadequate infant/child care, and stressful environmental conditions that interfere with individual and family functioning. The problems that occur include low birth weight, child abuse and neglect, childhood injuries, unintended and closely spaced pregnancies, and reduced economic self-sufficiency. Current research supports the positive effects of home visits on improved outcomes for pregnant women and their children. Additionally, efforts to improve access to health care by getting more women into programs that meet their financial, health, and psychosocial needs are most successful when services are integrated into language-sensitive and locally accessible sites.

Community Health Case Management Services focuses primarily on healthy pregnancies and healthy babies at delivery. Community Health Nurses provide Healthy Start home visiting and case management services to Medical Assistance and to Department of Health and Human Services eligible uninsured clients. The presence of Community Health Nurses and Health Associates in the community is the link required to identify at-risk pregnancies, which has implications for healthy deliveries. Health education in basic prenatal care (which includes nutrition counseling, growth, and development), coordination, and linking clients to proper health care providers are nursing interventions that have implications for positive pregnancy outcomes.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Clinic Inc., Crittenton Services, Healthy Families Montgomery, Holy Cross Hospital, Kaiser Permanente Managed Care Organization, Montgomery General Hospital, the Primary Care Coalition, Project Access, Shady Grove Hospital, the private medical community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Healthy Start Case Management.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Language Minority Outreach, Education, and Direct Service Development

PROGRAM MISSION:

To provide access to health care services for uninsured Montgomery County residents, to decrease disparities through prevention and education, and to create a culturally and linguistically competent system of care

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Number of clients accessing Proyecto Salud ^a clinical services | 3,000 | 3,850 | 4,800 | 3,785 | 5,500 |
| Percentage of diagnosed clients who receive formal diabetes education | 53 | 59 | 65 | 75 | 60 |
| Service Quality: | | | | | |
| Percentage of customers reporting satisfaction with services received | 89 | 90 | 89 | 85 | 88 |
| Percentage rating received from the Maryland Primary Care Program evaluation ^b | 96 | 98 | 97 | 99 | 98 |
| Efficiency: | | | | | |
| Average cost per resident receiving services through the program (\$) | 58 | 54 | 50 | 53 | 49 |
| Workload/Outputs: | | | | | |
| Number of residents receiving services through the language minority outreach program | 3,900 | 4,358 | 5,300 | 5,500 | 6,000 |
| Number of community organization meetings held | 41 | 48 | 65 | 61 | 65 |
| Number of new community partnerships established | 1 | 2 | 1 | 1 | 1 |
| Number of clients receiving diabetes education | 160 | 295 | 298 | 420 | 450 |
| Number of diabetes diagnosed clients | 300 | 343 | 541 | 450 | 500 |
| Inputs: | | | | | |
| Expenditures (\$000) | 228 | 235 | 235 | 293 | 293 |
| Workyears | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |

Notes:
^aProyecto Salud is a community based clinic offering primary health care services.

^bRating for overall provision of services.

EXPLANATION:

Montgomery County Language Minority Outreach, Education, and Direct Services Development is an initiative that has resulted in several public/private partnerships and direct services:

--*Language Minority Outreach Services:* Counseling, referral services, diabetes, cholesterol, and hypertension screening sessions offered at various sites in the community; orientation and guidance to available County resources; joint efforts with other organizations such as Linkages to Learning, Primary Care Coalition, Project Access, and English for Speakers of Other Languages (ESOL) programs; and coordination of services.

--*Language Minority Health Project Inc., Proyecto Salud:* A non-profit partnership of community-based organizations and the Department of Health and Human Services' Public Health Services offering comprehensive primary care services, pharmacy assistance, eligibility services, and referral to specialty services for over 3,000 Montgomery County residents.

--*Diabetes Management and Education Program:* Serves over 300 diabetic patients, offering clinical management, screening and prevention, group education classes, individual and group nutrition counseling, case management, ophthalmology, dental, and podiatry screenings.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mid-County Services Center, Montgomery County Department of Health and Human Services, Primary Care Coalition, Providers Council, Proyecto Salud partnership, Project Access, Holy Cross Hospital, Maryland Health Care Foundation.

MAJOR RELATED PLANS AND GUIDELINES: National Bureau of Primary Care, Maryland Primary Care regulations, Healthy People 2010, CPT (Current Procedural Terminology) codes, Proyecto Salud policies and procedures manual, Providers Council guidelines, National Association of Diabetes Educators, National Institutes of Health, Physician on Line.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Community Health Nursing | | PROGRAM ELEMENT: Rewarding Work | | | |
| PROGRAM MISSION: To make primary care services available to low-income, uninsured County adults | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of uninsured County adults ^a who received primary care at one of the safety net clinics | 11.8 | 18.3 | 15.9 | 13 | 16 |
| Percentage of diagnosed clients who receive formal diabetes education | NA | NA | 45.1 | 50 | 50 |
| Service Quality: | | | | | |
| Percentage of surveyed adults who report they are satisfied or very satisfied with the services provided | NA | NA | 93 | 90 | 93 |
| Efficiency: | | | | | |
| Average cost per client for primary care (\$) | 41 | 67 | 78 | 126 | 120 |
| Average cost per visit (\$) | NA | NA | 42 | 67 | 65 |
| Average number of clinic visits per patient | NA | NA | 1.9 | 2.5 | 1.8 |
| Workload/Outputs: | | | | | |
| Number of uninsured adults seen for primary care | 9,438 | ^b 14,663 | 12,752 | 11,000 | 13,000 |
| Number of participating safety net primary care clinics | 3 | 5 | 6 | 6 | 9 |
| Number of County adults receiving services through referral networks | 2,250 | 2,776 | 2,842 | 3,000 | 3,000 |
| Total number of clinic visits | NA | NA | 23,968 | 20,600 | 24,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 388 | 977 | 1,000 | 1,368 | 1,568 |
| Workyears | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Notes: ^a It is estimated that 80,000 uninsured County adults aged 19 - 64 have incomes below 250% of the Federal poverty level. ^b Clinics began reporting unduplicated counts in FY02. | | | | | |
| EXPLANATION: Rewarding Work was established in October 1999 to develop a system of primary health care for the County's estimated 80,000 low-income, uninsured adults. The majority of these people are employed in occupations that do not normally provide employer-based health insurance. The County has contracted with the nonprofit Primary Care Coalition (PCC) to develop this system of care and to manage subcontracts with community organizations for direct services. In FY01, PCC contracted with three nonprofit clinics (Community Clinic, Inc., Mobile Medical Care, Inc., and Proyecto Salud) for primary medical care. Funds were also used to purchase medications. Project Access receives funding for those who need to see a medical specialist. In FY02, Mercy Clinic and the Spanish Catholic Center were added to the participating primary care providers. The Archdiocesan Health Care Network, a specialty physician referral service, has also joined the project. Additionally, the People's Community Wellness Center opened in FY03. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Primary Care Coalition, Archdiocesan Health Care Network, Chinese Culture and Community Service Center, Community Clinic, Inc., Community Ministry of Montgomery County, Inc., Mid-Atlantic Medical Services Inc., MedBank, Mercy Clinic, Mobile Medical Care, Inc., Montgomery Volunteer Dental Clinic, The People's Community Baptist Church, Inc., Project Access, Proyecto Salud, Spanish Catholic Center, Teen Clinic of Takoma Park, Inc., Whitman-Walker Clinic, Inc. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Community Health Improvement Plan, Maryland Health Improvement Plan, Healthy People 2010. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Service Eligibility Unit - Eligibility Screening for Adults

PROGRAM MISSION:

To provide eligibility screening for uninsured adults and refer them to appropriate health care programs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of uninsured adults determined eligible for health care programs | 96 | 95 | 94 | 90 | 90 |
| Service Quality: | | | | | |
| Average number of days to process an adult case | 15 | 10 | 15 | 20 | 20 |
| Efficiency: | | | | | |
| Average cost per adult eligibility screening (\$) | 45 | 75 | 73 | 70 | 70 |
| Average number of adult cases per Service Eligibility Unit worker | 847 | 865 | 865 | 915 | 943 |
| Workload/Outputs: | | | | | |
| Number of adults screened | 9,314 | 9,174 | 9,129 | 10,000 | 10,000 |
| Number of adults referred to health programs | 8,941 | 8,672 | 8,583 | 9,600 | 9,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 616 | 689 | 667 | 705 | 705 |
| Workyears | 10.6 | 10.6 | 10.6 | 10.6 | 10.6 |

Notes:

EXPLANATION:

The Service Eligibility Units assist uninsured adult County residents in accessing a number of Federal, State, and County funded health programs. Service Eligibility Unit (SEU) staff refer and educate eligible adults regarding appropriate programs. Eligibility screening is offered at four locations and is co-located with the Health Centers in Germantown, Rockville, and Silver Spring as well as the East County Services Center and other community locations.

While the infant mortality rate in Montgomery County has been declining, the leading cause of neonatal death is low birth weight. Low birth weight can be reduced by ensuring adequate and early prenatal care for pregnant women. In an effort to contribute to the Healthy People 2010 goal of increasing access to ongoing primary care, SEU staff determine the eligibility of applicants for the Maryland Children's Health Program for Pregnant Women (for pregnant women at or below 250% of the Federal Poverty Level), the Department of Health and Human Services/Holy Cross Hospital Partnership for Prenatal Care, the Family Planning Services/Women's Health Program, Project Access, Dental Services, and Rewarding Work.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community health nurses in Health Centers, School Health Services, Community Clinic, Inc., Proyecto Salud, Mobile Medical Care, Primary Care Coalition, area hospitals, Planned Parenthood, Health Choice Administrative Care Coordination Unit/Ombudsman staff, Women's Cancer Control Program, other Department of Health and Human Services programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations; Client's Automated Resource and Eligibility System (CARES) regulations; Maryland Children's Health Program manual; Public Health Information System (PULS) manual; Unified Intake, Triage, Evaluation and Service Delivery System (UNITED) manual; Service Eligibility Unit guidelines.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Service Eligibility Unit - Eligibility Screening for Children

PROGRAM MISSION:

To provide eligibility screening for uninsured children and refer them to health care programs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|-----------------|-----------------|
| Outcomes/Results: | | | | | |
| Number of children certified eligible for health care programs | 25,639 | 28,637 | 31,534 | 30,000 | 33,000 |
| Percentage of uninsured children determined to be eligible for health care programs | 89 | 94 | 89 | ^a 80 | ^a 80 |
| Service Quality: | | | | | |
| Average number of days to process a child's case | 15 | 11 | 15 | 15 | 15 |
| Percentage of clients satisfied with the screening process | NA | 96 | 94 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost for a child's eligibility screening (\$) | 58 | 46 | 40 | 42 | 42 |
| Average number of child cases per Service Eligibility Unit (SEU) worker | 1,107 | 1,248 | 1,145 | 1,166 | 1,170 |
| Workload/Outputs: | | | | | |
| Number of children screened | 28,773 | 30,435 | 35,442 | 38,000 | 38,000 |
| Number of cases assigned to SEU workers | 28,773 | 28,411 | 29,217 | 30,000 | 33,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 1,678 | 1,400 | 1,400 | 1,587 | 1,587 |
| Workyears | 26.0 | 24.0 | 24.0 | 23.8 | 23.8 |

Notes:

^aResults are expected to decrease due to changes in the eligibility requirements for the Maryland Children's Health Program and the Care for Kids Program.

EXPLANATION:

The Service Eligibility Units help uninsured County residents access a variety of Federal, State, and County funded health programs. Staff determine eligibility, make referrals, and process applications for enrollment into appropriate programs. Staff also educate customers regarding the health programs for which they qualify. Eligibility screening is offered at four offices co-located with Health Centers in Germantown, Rockville, and Silver Spring. Screening is also offered at community locations, including the Community Clinics, Mobile Medical Clinics, and Proyecto Salud Clinic.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Choice Team Administrative Care Coordination Unit/Outreach, School Health Services, community health nurses in health centers, Community Clinics, Inc., Mobile Medical, Proyecto Salud, Primary Care Coalition, other Department of Health and Human Services service areas, area hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Client's Automated Resource and Eligibility System (CARES) regulations, Maryland Children's Health Program manual, Public Health Information System (PULS) manual, Service Eligibility guidelines, Maternity Partnership manual.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Children's Clinical Services

PROGRAM MISSION:

To improve the oral health status of children enrolled in the Care For Kids Program through primary prevention and treatment services

COMMUNITY OUTCOMES SUPPORTED:

- Adults and children who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|--------------------|--------------------|--------------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of children accessing services for primary and preventive dental care | ^a 63 | ^a 70 | ^b 35 | 98 | 98 |
| Percentage of children who complete their treatment plans | NA | NA | NA | 75 | 75 |
| Percentage of children seen who receive dental sealants | NA | NA | NA | TBD | TBD |
| Service Quality: | | | | | |
| Percentage of clients surveyed reporting satisfaction with services | NA | ^a 80 | 92 | 90 | 90 |
| Efficiency: | | | | | |
| Average cost per client (\$) | 354 | 489 | 418 | 426 | 426 |
| Workload/Outputs: | | | | | |
| Number of client visits | ^a 1,765 | ^a 1,468 | ^c 1,854 | 1,200 | 1,200 |
| Number of children enrolled in Care For Kids program | 955 | 955 | ^b 2,145 | 850 | 850 |
| Number of children receiving dental services | ^a 883 | ^a 583 | 748 | 750 | 750 |
| Inputs: | | | | | |
| Expenditures (\$000) | 313 | 285 | 313 | ^d 320 | 320 |
| Workyears | 3.95 | 3.95 | 3.95 | ^d 3.9 | 3.9 |

Notes:

^aMeasures were negatively impacted by clinic closure due to a sewage back-up in FY01 and FY02.

^bThe Care For Kids population consists of children through age 17. The large increase in the Care For Kids population in FY03 contributed to the reduced percentage of children accessing dental care.

^cDental hygiene students from the University of Maryland Internship Program provided additional prevention services for children in FY03.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Tooth decay (dental caries) is the most common oral disease in childhood; it is an infectious, transmissible disease established early in child development and expressed throughout life. Although tooth decay remains the single most common chronic disease of childhood, there have been remarkable declines over recent decades attributed to community water fluoridation, education, and primary and preventive dental treatment. The Surgeon General's Oral Health Report 2000 and local studies note that dental decay is five to eight times more common than asthma - affecting nearly 20% of preschoolers, half of second graders, and three-quarters of 15 year olds. Eighty percent of the tooth decay is found in 25% of children. By age 17, 78% of young people have had a cavity, and 7% have lost at least one permanent tooth. A more recent study in the State of Maryland revealed that Hispanic children had significantly more untreated decay than Caucasian children (64% vs. 44%). Hispanic children comprise 84% of the Dental Program's population.

Disparities in tooth decay prevalence, extent, and severity are all more extreme in low-income, minority-status children with parents who have limited education. In addition, a large majority of foreign-born children and parents have had little or no dental care prior to emigrating to this country.

The Dental Clinic serves children and adolescents participating in Care For Kids. The goals are to reduce the risk factors associated with tooth decay, gum disease, and tooth loss. This is achieved by eliminating existing decay through restorative treatment, reducing oral microbial conditions through oral prophylaxis and home care regimens, reducing risk factors associated with caries through sealant applications and fluoride treatments, and modifying self-care behaviors through prevention education techniques.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Primary Care Coalition, Holy Cross Hospital, Proyecto Salud, Department of Health and Human Services community health nurses, contract dentists and dental hygienists, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps, American Academy of Pediatric Dentistry, Surgeon General's Oral Health Report.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Maternity Clinical Services

PROGRAM MISSION:

To promote oral health and improve quality of life for a targeted group of children and maternity clients

COMMUNITY OUTCOMES SUPPORTED:

- Adults and children who are physically and mentally healthy

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

| | | | | | |
|--|-----------------|-----------------|----|-----|-----|
| Percentage of qualified clients ^a accessing services for dental clinical care | ^b 58 | ^b 34 | 36 | 43 | 43 |
| Percentage of clients whose treatment plans are completed | NA | NA | NA | 75 | 75 |
| Number of clients demonstrating reduced gum disease ^c | NA | NA | NA | TBD | TBD |
| Percentage of clients who demonstrated reduced gum disease ^c | NA | NA | NA | TBD | TBD |

Service Quality:

| | | | | | |
|---|----|----|----|----|----|
| Percentage of surveyed clients reporting satisfaction with services | NA | 89 | 96 | 90 | 90 |
|---|----|----|----|----|----|

Efficiency:

| | | | | | |
|------------------------------|------------------|------------------|-----|-----|-----|
| Average cost per client (\$) | ^b 364 | ^b 560 | 522 | 514 | 514 |
|------------------------------|------------------|------------------|-----|-----|-----|

Workload/Outputs:

| | | | | | |
|---|------------------|------------------|-------|-------|-------|
| Number of client visits | 1,476 | 1,468 | 1,280 | 1,500 | 1,500 |
| Number of clients receiving dental services | ^b 731 | ^b 436 | 510 | 500 | 500 |
| Number of clients enrolled in Maternity Program Partnership | 1,257 | 1,279 | 1,431 | 1,200 | 1,200 |

Inputs:

| | | | | | |
|----------------------|-----|-----|-----|------------------|-----|
| Expenditures (\$000) | 266 | 244 | 266 | ^d 257 | 257 |
| Workyears | 3.4 | 3.4 | 3.4 | ^d 3.5 | 3.5 |

Notes:
^aClients must have incomes below 250 percent of the Federal Poverty Level and be ineligible for Medicaid.

^bMeasures were negatively impacted by clinic closure due to a sewage back-up in FY01 and FY02.

^cPeriodontal Disease Index (PDI) scoring is a standard tool that will be used to measure the reduction in gum inflammation.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures .

EXPLANATION:

Each year in the United States, more than 4 million women become pregnant. Pregnant women are more susceptible to oral diseases: pregnancy is associated with poor dental health and hormone-related gum disease and tumors. Poor oral health in pregnant mothers affects not only the general health status of the mother but also the health of the developing child and is believed to be a contributing factor in premature births and low birth weight babies. There are additional developmental oral health problems in the child that are associated with poor health factors in the pregnant mother. The earliest opportunity to prevent oral health problems for both the child and the pregnant mother occurs during prenatal preventive counseling and hygiene care.

Holy Cross Hospital provides prenatal care, and Department of Health and Human Services community health nurses provide case management. Clients must have incomes below 250% of the Federal Poverty Level and be ineligible for Medicaid. The majority of clients (70%) are Latino, and many come from countries where dental care is poor or nonexistent. The rates of births to County residents that are premature, low birth weight, or result in infant death are higher than the Federal goals for 2010. Improving oral health among pregnant women in early pregnancy should bring the County closer to meeting the 2010 goals, especially among Latino women and clients within the first and second trimester. In FY03, the Dental Program served 510 Department of Health and Human Services maternity clients in their first and second trimester of pregnancy. These clients present at the most opportune time for early intervention and maximum benefit from treatment that reduces risk factors associated with poor birth outcomes.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Holy Cross Hospital, Department of Health and Human Services community health nurses.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps Program.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Oral Health Promotion and Disease Prevention Education

PROGRAM MISSION:

To promote oral health in a targeted group of Montgomery County Public Schools second graders

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

| | | | | | |
|--|----|----|-----------------|----|----|
| Percentage of second graders who attended classroom education on oral health | 88 | 91 | ^a 56 | 95 | 95 |
|--|----|----|-----------------|----|----|

Service Quality:

| | | | | | |
|--|----|----|----|----|----|
| Percentage of teachers favorably evaluating the classroom presentation | NA | 75 | 99 | 80 | 80 |
|--|----|----|----|----|----|

Efficiency:

| | | | | | |
|---|------|------|-------------------|------|------|
| Average cost per targeted second grade student (\$) | 6.31 | 5.05 | ^a 7.60 | 5.23 | 5.23 |
|---|------|------|-------------------|------|------|

Workload/Outputs:

| | | | | | |
|---|-------|-------|--------------------|-------|-------|
| Number of second graders provided classroom oral health education | 5,551 | 6,326 | ^a 4,209 | 6,500 | 6,500 |
|---|-------|-------|--------------------|-------|-------|

Inputs:

| | | | | | |
|-------------------|--------|--------|--------|---------------------|--------|
| Expenditures (\$) | 35,000 | 32,000 | 32,000 | ^b 34,000 | 34,000 |
|-------------------|--------|--------|--------|---------------------|--------|

| | | | | | |
|-----------|------|------|------|------------------|-----|
| Workyears | 0.25 | 0.25 | 0.25 | ^b 0.2 | 0.2 |
|-----------|------|------|------|------------------|-----|

Notes:

^aDue to the sniper incident and ensuing school security measures, the ability to access schools was restricted during that time period, reducing the number of second graders reached for oral health education.

^bA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Maryland Children's Dental Survey shows that an increased incidence of dental decay is found in third grade children. A nationwide dental education initiative targets prevention of additional oral diseases and traumas attributed to sports activities, accidents, tobacco use, and poor nutrition. Dental education for second grade students constitutes an early intervention strategy for prevention of oral disease and mouth trauma as children begin to develop their permanent teeth.

Education as a means to prevent disease and raise awareness of good health practices is a generally accepted strategy to promote healthy behaviors. This program was implemented at the mid-point of the FY99 school year as part of the existing commitment to the general population of elementary school students. The hygienist was able to reach 4,315 students, of which 1,143 (33%) were second graders. Since FY00, classroom oral health education has been devoted exclusively to the second grade student population within the targeted schools. These schools have been prioritized according to the enrollment of "at-risk" children in free lunch programs. In FY03, 56% of targeted second graders were reached; this directly impacted 4,209 children. As an additional strategy to expand future efforts, a very basic dental education curriculum has been designed for use by teachers and school health nurses.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, School Health Services, University of Maryland School of Nursing, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Mandatory Montgomery County Public Schools Health Curriculum, United States Department of Health and Human Services - Health Resources and Services Administration, University of Maryland Student Nursing Curriculum, American Dental Association education literature.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Seniors Age 60 Years and Older

PROGRAM MISSION:

To ensure access to oral health primary prevention and treatment services for eligible seniors in order to improve the quality of life

COMMUNITY OUTCOMES SUPPORTED:

- Adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|--------------------|------------------|------------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of eligible seniors accessing services for preventive oral health care ^a | ^b 1.8 | ^b 1.4 | ^b 0.7 | 1.5 | 1.5 |
| Percentage of clients who complete their treatment plans | NA | NA | NA | 75 | 75 |
| Total number of early stage oral cancers detected | NA | NA | NA | TBD | TBD |
| Percentage of early stage oral cancers detected through client visits | NA | NA | NA | TBD | TBD |
| Number of dentists recruited to the program | NA | 4 | 4 | 4 | 4 |
| Service Quality: | | | | | |
| Percentage of surveyed clients reporting satisfaction with services | NA | 89 | 100 | 90 | 90 |
| Efficiency: | | | | | |
| Average cost per client visit (\$) | 262 | ^b 424 | ^b 490 | 752 | 752 |
| Workload/Outputs: | | | | | |
| Number of client visits | ^b 1,454 | ^b 818 | ^b 777 | 750 | 750 |
| Number of clients accessing services | 450 | ^b 368 | ^b 199 | 350 | 350 |
| Inputs: | | | | | |
| Expenditures (\$000) | 381 | 347 | 381 | ^c 564 | 564 |
| Workyears | 4.4 | 4.4 | 4.4 | 4.4 | 4.4 |

Notes:

^aThis percentage is based on an estimate of the number of County residents age 65 and older that have annual incomes below 250% of the Federal Poverty Level.

^bMeasures were negatively impacted by clinic closure due to a sewage back-up in FY01, FY02, and again in FY03.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

According to the Surgeon General's report, the number of adults 65 years and older that are without teeth has declined from 46% to 30% in the past 20 years. However, the percentage is higher among those living in poverty. Rates also tend to be higher for African Americans and Latinos. In addition, nursing home and other long-term care residents are at increased risk for oral disease and accompanying health problems.

Montgomery County is the only health department in Maryland that provides dental care for seniors. There are approximately 96,000 County residents age 65 and older. Of those, 25,000 are estimated to have an annual income below 250% of the Federal Poverty Level. By 2010, the proportion of the population who are seniors is expected to increase from 11% to 13%, and the number of seniors below 250% of the Federal Poverty Level is expected to increase to 28,300. Most seniors do not have dental insurance since it is not included in Medicare.

The majority of seniors seen in the dental clinic are the parents or grandparents of immigrants (who serve as their sponsors) or are refugees. Due to their age and language limitations, many are not expected to work in this country. These patients present with a lifelong history of dental neglect. In addition, due to their inability to access dental services in the community, seniors residing in nursing homes are often in need of oral health prevention services.

The reduced results in FY03 were due to a combination of factors: staff vacancies could not be filled due to a hiring freeze; staff from Aging and Disability Services no longer provided supportive case management services to ensure that seniors followed up with needed care; and finally, there was another sewage back-up in the building, which resulted in clinic closure.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Contract dentists and dental hygienists, Commission on Aging, Department of Health and Human Services Aging and Disability Services.

MAJOR RELATED PLANS AND GUIDELINES: Medical/dental protocols from affiliated national associations for geriatrics, the disabled, and medically compromised patients; State regulations for nursing homes; Department of Health and Human Services policies.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Other Business Facilities

PROGRAM MISSION:

To provide Montgomery County residents with safe and communicable disease-free environments through the licensing of facilities

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of licensed health-related facilities receiving no complaints | NA | 98 | 99 | 100 | 100 |
| Service Quality: | | | | | |
| Percentage of annual renewals completed before license expiration | NA | 94 | 98 | 100 | 100 |
| Percentage of estimated revenues collected | 122 | 98 | 107 | 90 | 100 |
| Efficiency: | | | | | |
| Average cost per facility licensed (\$) | 224 | 351 | 271 | ^a 478 | 478 |
| Workload/Outputs: | | | | | |
| Number of facilities licensed | 611 | 476 | 622 | 600 | 600 |
| Number of health facilities without complaints | NA | 186 | 620 | 600 | 600 |
| Inputs: | | | | | |
| Expenditures (\$000) | 137 | 167 | 169 | ^a 287 | 287 |
| Workyears | 3.0 | 3.0 | 3.0 | ^a 3.7 | 3.7 |

Notes:

^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

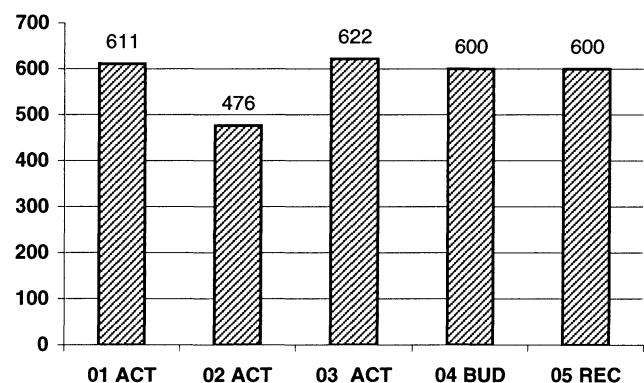
There are three types of "Other Business Licenses:" revenue generators, health-related, and personal.

Revenue generators - which include bingo, video games and establishments, and raffles - have no health-related impact but are designed to bring in revenue for the County.

Health-related licensed facilities include tanning facilities, transient lodging (hostels, rooming houses), and enterprises (movie theaters, dancing, commercial campgrounds). These facilities are inspected once upon initial opening and later only when a customer complains.

Personal licenses apply to the manager and workers at a massage establishment. Personal licensed individuals must certify that they have a particular amount of specified training.

Qualified Facilities Receiving Licenses



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners.

MAJOR RELATED PLANS AND GUIDELINES: Various chapters in the County Code.

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|---|--|
| PROGRAM: Environmental Health Regulatory Services | PROGRAM ELEMENT: Rat Control |
|---|--|

PROGRAM MISSION:
To ensure that Montgomery County residents are safe and protected from communicable diseases by reducing the number of rat complaints

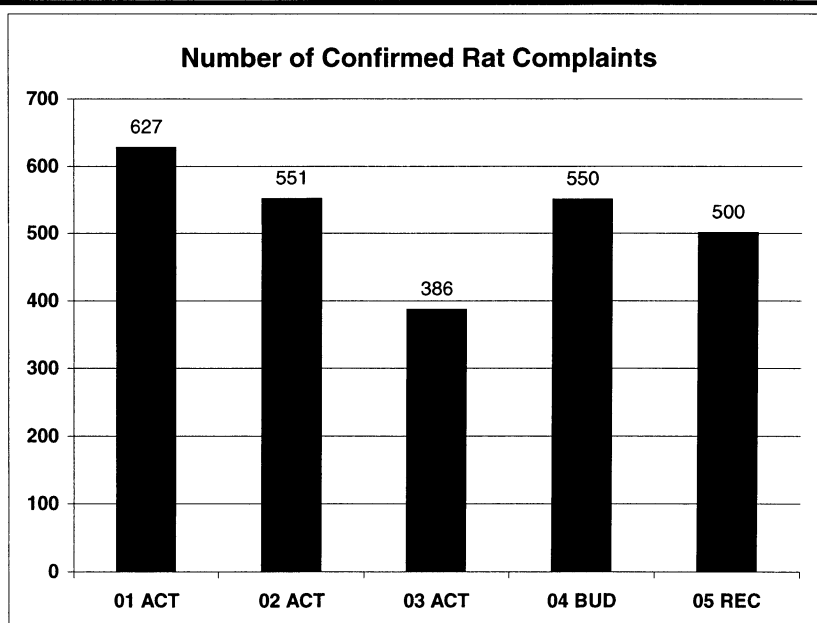
COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Number of confirmed rat complaints | 627 | 551 | 386 | 550 | 500 |
| Percentage of reported rat complaints that were confirmed | 49 | 59 | 54 | 61 | 56 |
| Percentage of confirmed rat complaints that were resolved | NA | NA | 46 | 95 | 100 |
| Service Quality: | | | | | |
| Percentage of complaints responded to within 5 working days | NA | NA | 86 | 80 | 100.00 |
| Efficiency: | | | | | |
| Average cost per complaint (\$) | 120 | 162 | 213 | 139 | 139 |
| Workload/Outputs: | | | | | |
| Number of reported rat complaints | 1,268 | 936 | 717 | 900 | 900 |
| Number of complaints resolved | NA | NA | 178 | 520 | 500 |
| Number of education programs conducted | NA | 8 | 4 | 2 | 2 |
| Inputs: | | | | | |
| Expenditures (\$000) | 152 | 152 | 153 | ^a 125 | 125 |
| Workyears | 2.1 | 2.0 | 2.0 | ^a 1.5 | 1.5 |

Notes:
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:
Rats are known carriers of disease, and when they live in close proximity to humans, a public health problem can develop. Rats also cause economic damage by destroying food sources, stored grain supplies, and property.

This program responds to rat-related complaints. The number of rat complaints is affected by seasonal changes. They vary each year based on media attention, weather, and public awareness. Inspections are conducted primarily in residential and commercial properties to eliminate rat infestation in those areas. If the property owner or tenant is not in compliance after inspection, they are given written notice concerning what is required to eliminate the problem. A specific time frame for compliance is established. Violators are subject to a civil citation. Educational outreach is provided through presentations to neighborhood organizations.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners, home owners.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 39, Montgomery County Code.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|--|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: Environmental Health Regulatory Services | PROGRAM ELEMENT: Smoking Enforcement | | | | |
| PROGRAM MISSION: To protect the health of residents of Montgomery County by reducing their exposure to environmental tobacco smoke through the enforcement of anti-smoking codes in public places | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of smoking complaints in non-eating establishments that were resolved | 100 | 100 | 100 | 100 | 100 |
| Percentage of smoking complaints in restaurants that were resolved | NA | NA | 100 | 100 | 100 |
| Percentage of facilities with violations referred to Maryland Occupational Safety and Health | 7.8 | ^a 0 | 1.0 | 7.0 | 7.0 |
| Service Quality: | | | | | |
| Percentage of complaints regarding businesses in violation of Chapter 24.9 of the Montgomery County Code that were resolved within 5 days ^b | 100 | 100 | 100 | 100 | 100 |
| Efficiency: | | | | | |
| Average cost per inspection (\$) | 122 | 43 | 36 | 34 | 34 |
| Workload/Outputs: | | | | | |
| Number of inspections | 1,358 | 3,639 | 4,451 | 4,950 | 5,000 |
| Number of facilities in violation of smoking codes | 17 | 94 | 0 | 100 | ^c 50 |
| Number of citizen complaints regarding smoking in restaurants | 0 | 1 | 0 | 75 | ^c 35 |
| Number of citizen complaints regarding smoking in businesses other than restaurants | 12 | 11 | 0 | 0 | 0 |
| Inputs: | | | | | |
| Expenditures (\$000) | 165 | 158 | 159 | ^d 168 | 168 |
| Workyears | 2.2 | 2.0 | 2.0 | ^d 1.9 | 1.9 |
| Notes: ^a No complaints reached a level that warranted a referral to Maryland Occupational Safety and Health. ^b Chapter 24.9 of the Montgomery County Code is the regulation concerning smoking in public places. ^c It is anticipated that the number of violations and citizen complaints resulting from the new Smoking legislation will decrease over time. ^d A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. | | | | | |
| EXPLANATION: The License and Regulatory Office enforces the County's anti-smoking laws that cover public enclosed places in businesses other than restaurants on a citizen complaint basis. For restaurants, environmental health specialists survey food service facilities for smoking violations while conducting routine food inspections and make referrals to Maryland Occupational Safety and Health when the specialist believes a Maryland Occupational Safety and Health violation exists. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health, Health Promotion and Prevention, Board of Liquor License Commissioners. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: COMAR, Montgomery County Code Chapter 24. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services

PROGRAM ELEMENT:

Swimming Pools

PROGRAM MISSION:

To ensure that the residents of Montgomery County are safe and protected from communicable diseases while bathing at public pools by assuring compliance with State and County codes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

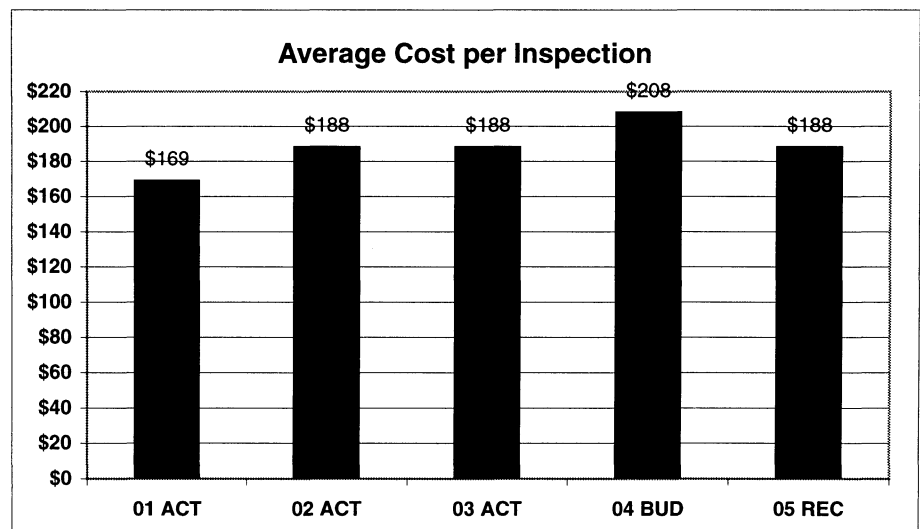
| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of swimming pools found to be compliant on routine inspection | NA | 90 | 86 | 89 | 83 |
| Number of swimming pools closed | NA | 225 | 276 | 237 | 237 |
| Service Quality: | | | | | |
| Percentage of swimming pools receiving four inspections per season | NA | NA | 85 | 80 | 100 |
| Efficiency: | | | | | |
| Average cost per inspection (\$) | 158 | 169 | 188 | ^a 208 | 188 |
| Workload/Outputs: | | | | | |
| Number of swimming pools inspected | 2,306 | 2,162 | 1,948 | 2,170 | 2,400 |
| Number of swimming pools compliant | NA | 1,937 | 1,672 | 1,933 | 2,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 365 | 366 | 366 | ^a 451 | 451 |
| Workyears | 4.8 | 4.8 | 4.8 | ^a 5.3 | 5.3 |

Notes:

^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Pools are licensed from May through April of the following year. All pools are inspected four times per year. The initial inspection in May is a compliance inspection to determine if the pool meets all requirements and is generally safe to operate for the coming year. The additional inspections during the year (summer season for most pools) evaluate eleven critical reasons for potential closure of the pool, including improper chemical levels, no lifeguards, and imminent hazards that endanger the patrons. Any violation of the eleven critical items results in closure of the pool.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Pool owners, pool management companies, pool users.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 15 Montgomery County Code, COMAR 10.15.03.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services; Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Foodborne Diseases and Illnesses

PROGRAM MISSION:

To protect the public from foodborne diseases

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|-----------------|--------------------|--------------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Incidence of major reportable cases of foodborne disease per 100,000 population | 24.9 | 23.7 | 24.0 | 25 | 25 |
| Percentage of facilities having a critical violation upon routine inspection | 28.4 | 28.8 | 28.9 | 26 | 26 |
| Service Quality: | | | | | |
| Percentage of salmonella case investigations that are begun within 2 working days | 98 | 98 | 90 | 96 | 98 |
| Percentage of State-mandated inspections completed | ^a NA | ^a NA | 65.6 | 75 | 100 |
| Efficiency: | | | | | |
| Average cost per facility inspection (\$) | 189 | 205 | 258 | 249 | 249 |
| Average number of inspections per inspector per day | 2.9 | 3.9 | 4.0 | 4.0 | 4.0 |
| Workload/Outputs: | | | | | |
| Number of individuals with reportable foodborne illnesses investigated | 212 | 202 | 210 | 220 | 230 |
| Number of licensed food service facility inspections | 5,565 | ^b 5,291 | ^c 4,002 | 5,600 | 5,600 |
| Inputs: | | | | | |
| Expenditures (\$000) | 1,050 | 1,296 | 1,296 | ^d 1,245 | 1,245 |
| Workyears | 16.6 | 16.6 | 16.6 | ^d 13.8 | 13.8 |

Notes:

^aThe changeover to a new data system precluded collection of this data (extraction of data from the new computer system has been delayed). The program returned to using the old data collection system for FY03.

^bThe number of inspections was down due to a special project and Foodborne Investigation vacancies.

^cThe reduction in the number of inspections was due to Bio-Terrorism mandates, vacancies, and transfer of outbreak investigations to the License and Regulatory Office.

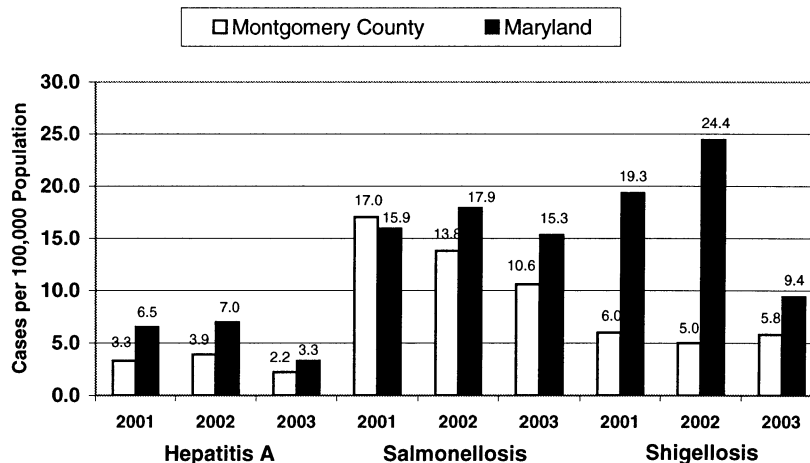
^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

These two programs issue permits, conduct inspections, enforce County laws and ordinances, and investigate and manage outbreaks in order to protect the public health from foodborne diseases. Montgomery County continues to investigate foodborne outbreaks. Spring and summer are the times of greatest activity. This is to be expected, of course, due to the increased frequency of celebrations serving food coupled with conditions more favorable to organism growth in warm weather.

Increased surveillance and case findings account for the steady, slow decline in the number of cases and case rates for illness. Experts estimate that reported cases account for only 10% of the actual incidence of disease. The increase in outbreak activity is, in part, an indication of the increased vigilance of these two programs in monitoring the health of the community.

Relative Incidence of Common Reportable Foodborne Diseases



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Centers for Disease Control, University of Maryland, other health departments, hospitals, media.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.15.03, County Executive Regulation 11-93, Department of Health and Mental Hygiene Policy and Procedure Manual, County Code Chapter 15.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Care and Group Residential Facilities

PROGRAM ELEMENT:

Domiciliary Care Homes^a

PROGRAM MISSION:

To ensure quality care and a safe environment for residents of domiciliary care homes through inspections and enforcement of applicable State and County regulations

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES^b

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of domiciliary care homes in compliance with County laws | NA | NA | 38.5 | 100 | 100 |
| Percentage of inspections with medication error rate exceeding 5% | NA | NA | NA | 20 | 10 |
| Service Quality: | | | | | |
| Percentage of domiciliary care homes inspected annually as required by County law | NA | NA | 38.5 | 100 | 100 |
| Efficiency: | | | | | |
| Cost per domiciliary care home inspected (\$) | NA | NA | NA | 9,846 | 9,846 |
| Workload/Outputs: | | | | | |
| Number of domiciliary care homes in the County | NA | NA | 26 | 26 | 26 |
| Number of annual domiciliary quality-of-care inspections by nurse surveyors ^b | NA | NA | 0 | 26 | 26 |
| Total licensure fees collected (\$) | NA | NA | NA | 15,000 | 17,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | NA | NA | 67 | ^c 256 | 256 |
| Workyears | NA | NA | 0.7 | ^c 2.7 | 2.7 |

Notes:

^aDomiciliary care homes are large assisted living facilities in which the bed capacity exceeds 16 residents.

^bThere were no health care facility nurse surveyors to conduct quality of care inspections in FY01, FY02, or FY03.

^cTwo additional workyears were approved for nurse surveyors.

EXPLANATION:

Public Health Services' Licensure and Regulatory Office issues Montgomery County licenses to domiciliary care homes (large assisted living facilities). In January 1999, Maryland's Department of Health and Mental Hygiene (DHMH) implemented new regulations for domiciliary care homes: the State now issues such homes a Maryland Assistive Living License. A partnership was formed years ago between DHMH and Montgomery County's Licensure and Regulatory Office (L&R) to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result, L&R's nurse surveyors are responsible for annual nursing inspections, follow-ups, and complaint investigations to ensure compliance with County laws.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services (Aging and Disability Services and Ombudsman Program), Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Assisted Living Unit).

MAJOR RELATED PLANS AND GUIDELINES: State and County laws and regulations.

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|---|--|
| PROGRAM: Health Care and Group Residential Facilities | PROGRAM ELEMENT: Group Homes |
|---|--|

PROGRAM MISSION:
To promote a safe environment for group home residents by ensuring provider compliance with the County's licensure application process, laws, and regulations

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

| PROGRAM MEASURES ^a | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|------------------|------------------|----------------|
| <u>Outcomes/Results:</u> | | | | | |
| Percentage of developmentally disabled group homes that comply with County licensure requirements | NA | NA | 90 | 90 | 90 |
| Percentage of other group homes that comply with County licensure requirements | NA | NA | 84 | 90 | 90 |
| <u>Service Quality:</u> | | | | | |
| Percentage of all group homes receiving sanitation inspections | NA | NA | ^b 129 | 90 | 100 |
| <u>Efficiency:</u> | | | | | |
| Cost per license issued (\$) | NA | NA | NA | 503 | 448 |
| <u>Workload/Outputs:</u> | | | | | |
| Number of group homes for the developmentally disabled | NA | NA | 194 | 187 | 196 |
| Number of group homes issued licenses | NA | NA | NA | 300 | 337 |
| Total number of sanitation inspections conducted (for all group homes) | NA | NA | 420 | 337 | 337 |
| <u>Inputs:</u> | | | | | |
| Expenditures (\$000) | 72 | 80 | 80 | ^c 151 | 151 |
| Workyears | 1.0 | 1.0 | 1.0 | ^c 1.5 | 1.5 |

Notes:
^aData collection began in FY03.
^bSome group homes required followup inspections.
^cA quality audit was conducted in FY04 which resulted in the reallocation of workyears and expenditures.

EXPLANATION:
The Department of Health and Human Services' Licensure and Regulatory Office (L&R) issues Montgomery County licenses to group homes and other health care facilities. L&R licenses group homes with 3 to 16 residents, including homes for the elderly, the developmentally disabled, minors, and the chronic mentally ill. Depending on the type of group home, quality-of-care inspections are conducted by one of the Maryland State Health Department agencies or by County staff. Environmental health specialists from L&R conduct sanitation inspections for all types of group homes. L&R social workers ensure compliance with County licensure regulations by coordinating and obtaining the required County approvals (e.g. sanitation, zoning, well, and septic) and State approval regarding quality of care. The social worker ensures that the provider has submitted a complaint procedure and directs complaints to the appropriate office/staff.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene - Office of Health Care Quality.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Code Chapter 23A.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Health Care and Group Residential Facilities

PROGRAM ELEMENT:
Nursing Homes

PROGRAM MISSION:

To ensure quality care and a safe environment for nursing home residents through inspections and enforcement of applicable Federal, State, and County regulations

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of facilities with actual harm deficiencies ^a | NA | 8.6 | 9.0 | 13 | 13 |
| Percentage of nursing home complaints that are found to be in violation of Federal regulations during the investigation | NA | 19.7 | 26.0 | 20 | 20 |
| Percentage of facilities where facility-acquired pressure sores have been identified during annual nursing home inspections ^b | NA | NA | 3.3 | 3.5 | 3.5 |
| Service Quality: | | | | | |
| Percentage of nursing homes inspected annually as required by County, Federal, and State laws | 94.8 | 100 | 95.0 | 100 | 100 |
| Efficiency: | | | | | |
| Cost per nursing home inspection (\$) | NA | 1,934 | 3,111 | 2,745 | 5,069 |
| Workload/Outputs: | | | | | |
| Number of nursing homes in Montgomery County | 39 | 38 | 38 | 38 | 37 |
| Total number of nurse surveyor inspections | NA | 246 | 153 | 240 | 130 |
| Number of complaints cited with Federal violations ^c | NA | 38 | 40 | 38 | 25 |
| Nursing home licensure fees collected (\$) | 62,275 | 57,500 | 58,387 | 62,000 | 60,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 451 | 476 | 476 | ^e 659 | 659 |
| Workyears | 6.0 | 6.0 | 6.0 | ^{d,e} 7.0 | 7.0 |

Notes:

^aActual harm deficiencies include physical, mental, or psychosocial injury to a resident, including violation of residents' rights. There must be a negative outcome for the resident due to facility practices or divergence from accepted principles of practice. Examples include: the development or worsening of a pressure sore, loss of dignity due to lying in a urine-saturated bed for a prolonged period, failure to provide pain management to the resident, etc.

^bFederal regulations state that "The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable." Pressure sores can be an indication of poor care and/or poor nutrition.

^cFederal violations are cited by nurse surveyors. Nurse surveyors review and analyze all information collected during the inspection to determine whether or not the facility has failed to meet one or more of the regulatory requirements (Federal, State, and County). Nurses cite deficiencies when the facility fails to comply with regulations.

^dIncludes one additional Community Health Nurse workyear to conduct quality assurance inspections of nursing homes (a new function). State Department of Health and Mental Hygiene policy prohibits this person from conducting Federal, State, or County annual, followup, or complaint inspections for nursing homes.

^eA quality audit was conducted in FY04 which resulted in the reallocation of workyears and expenditures.

EXPLANATION:

Federal, State, and County regulations require that all nursing homes be inspected annually. Since Montgomery County had a nursing home licensure law before the Federal and State of Maryland laws, a partnership was formed years ago between the Maryland Department of Health and Mental Hygiene and Montgomery County's Licensure and Regulatory Office to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result of this partnership, community health nurses from the Licensure and Regulatory Office conduct annual, follow-up, and complaint investigations of nursing homes to ensure compliance with Federal, State, and County regulations. These inspections are unannounced and determine whether providers receive Medicare/Medicaid certification. The inspection reports become public documents: they are posted in nursing homes and are available in public libraries and on the Internet. The failure of providers to provide quality care and promote quality of life for their residents may result in termination from the Medicare/Medicaid program, significant sanctions (including civil monetary penalties), staffing mandates, and/or denial of payment for new admissions.

In response to a 1999 Maryland General Assembly report, the "Nursing Home Performance Evaluation Guide" was launched on the Internet in August 2001. This Guide gives consumers a convenient way to compare the quality of care at nursing home facilities across the State and includes the results of the inspections conducted by community health nurses from Montgomery County's Licensure and Regulatory Office.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services (Aging and Disability Services) - Ombudsman Program; Maryland Department of Health and Mental Hygiene (Office of Health Care Quality) - Long Term Care Unit; Health Care Financing Administration.

MAJOR RELATED PLANS AND GUIDELINES: Federal, State, and County laws and regulations.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|---|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Health Care and Group Residential Facilities | | PROGRAM ELEMENT: Senior Group Homes Certification | | | |
| PROGRAM MISSION: To ensure the health and safety of residents in assisted living facilities by monitoring compliance with State regulations | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and vulnerable adults who are safe• Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of assisted living facilities that provide an acceptable correction plan for violations | 68 | 86 | 96 | 94 | 94 |
| Service Quality: | | | | | |
| Percentage of cases in which facilities are informed of violations on the same day as inspection | 88 | 92 | 98 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per inspection (\$) | NA | NA | ^e 1,063 | 1,390 | 1,390 |
| Workload/Outputs: | | | | | |
| Number of announced inspections | NA | NA | 84 | ^c 57 | 57 |
| Total number of inspections ^a | NA | NA | 143 | 100 | 100 |
| Number of State licenses renewed ^b | NA | NA | 79 | 57 | 57 |
| Inputs: | | | | | |
| Expenditures (\$000) | NA | NA | ^e 152 | ^d 139 | 139 |
| Workyears | 1.8 | 1.8 | 1.8 | ^d 1.5 | 1.5 |
| Notes: ^a Includes announced, quarterly, and complaint inspections. ^b The State has jurisdiction over licensure of new assisted living facilities and increases in level of care, while the County's Department of Health and Human Services has jurisdiction over renewals (which require an inspection) and bed increases. ^c In FY04, the State took over jurisdiction of 23 assisted living facilities originally assigned to the County's Department of Health and Human Services, reducing the number of announced inspections and the number of licenses renewed. ^d Reflects a budget reduction of 0.3 workyears and \$10,000. ^e Expenditures and efficiency were recalculated to correct for a miscalculation of the budget figures. | | | | | |
| EXPLANATION: The State requires that all assisted living facilities with 4 - 16 residents be inspected every year for compliance with State regulations. To accomplish this task, County inspectors utilize survey protocols provided by the Maryland Department of Health and Mental Hygiene. The survey process, which includes technical assistance, cooperation, and collaboration with County surveying agencies, enables the program to ensure a good quality of life for residents of assisted living facilities. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Promotion and Prevention

PROGRAM ELEMENT:

Alcohol and Drug Abuse Prevention

PROGRAM MISSION:

To reduce the health impact of alcohol, tobacco, and other drug use on Montgomery County residents by changing the social environment, promoting effective programs and services, enhancing the ability of community groups to resolve local problems, and reducing risk factors while increasing resiliency factors among youth and families

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of 8th graders who report smoking tobacco in the past 30 days ^a | NA | 6.4 | NA | 6 | NA |
| Percentage of 10th graders who report binge drinking in the past 30 days ^a | NA | 16.6 | NA | 16 | NA |
| Total amount of mini-grants awarded to community groups (\$) | 108,135 | 108,881 | 29,381 | ^b 0 | ^b 0 |
| Service Quality: | | | | | |
| Percentage of clients reporting increased knowledge after training | NA | 100 | 100 | 80 | 80 |
| Percentage of clients satisfied with training sessions | NA | 100 | 100 | 95 | 95 |
| Efficiency: | | | | | |
| Training sessions and under-21 events per workyear | 22 | 38 | 13 | 13 | 23 |
| Workload/Outputs: | | | | | |
| Number of grants awarded to community groups ^b | 38 | 68 | 9 | 0 | 0 |
| Number of training sessions conducted | 32 | 39 | 11 | 32 | 32 |
| Number of policy issues promoted | 13 | 21 | NA | 2 | 2 |
| Number of adults participating in smoking cessation classes | 35 | 28 | 41 | 70 | 70 |
| Number of under-21 events funded | 24 | 56 | 22 | 0 | 23 |
| Inputs: | | | | | |
| Expenditures (\$000) | 722 | 730 | 724 | 610 | 610 |
| Workyears | 2.5 | 2.5 | 2.5 | 2.4 | 2.4 |

Notes:

^aThis survey is given every two years. Binge drinking means consuming five or more drinks on one occasion.

^bMini-grants are awarded under this program to community groups through an application process. Funding for this activity is unavailable beginning in FY04.

EXPLANATION:

Substance Abuse Prevention Services (SAPS) bases its program on research-grounded principles of effectiveness as delineated by the National Institute on Drug Abuse and the White House Office of National Drug Control Policy. SAPS strives to assure that all citizens benefit from its prevention efforts and, in so doing, directs a large portion of its resources toward environmental change strategies. This approach has been confirmed by research which has found that environmental strategies are easier to maintain, are more cost-effective, have a broader reach, and have more substantial and enduring effects than do efforts which target individuals. Major emphasis is placed on reducing risk factors and enhancing protective factors for children and youth, their families, and communities. This approach requires in-depth collaboration with other agencies and organizations to ensure comprehensive strategies.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Drawing the Line Coalition, Montgomery County Community Partnership, Maryland Association of Prevention Professionals and Advocates, Silver Spring YMCA Youth Services, Combating Underage Drinking, State Prevention Workgroup, State Alcohol and Drug Abuse Administration, Governor's Office of Crime Control and Prevention, Substance Abuse Policy Leadership Team, Community Based Prevention Intervention and Family Support Committee, Montgomery County Recreation Department and Police Department, Montgomery County Project Prom/Graduation, Emergency Nurses CARE.

MAJOR RELATED PLANS AND GUIDELINES: Prevention Principles for Adolescents and Children (National Institute on Drug Abuse), Alcohol and Drug Abuse Administration Standards of Prevention, Healthy People 2010, Science-Based Substance Abuse Prevention (Office of National Drug Control Policy), Children's Agenda.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|---|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Health Promotion and Prevention | | PROGRAM ELEMENT: Community Health Promoters | | | |
| PROGRAM MISSION: To promote healthy behaviors among the Latino population in Montgomery County through training, community outreach, and assistance with access to care | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of families with children enrolled in the Maryland Children's Health Insurance Program | 21 | 53 | 36 | 25 | 15 |
| Service Quality: | | | | | |
| Percentage of trained health promoters ^a retained | 74 | 84 | 70 | 80 | 75 |
| Efficiency: | | | | | |
| Cost per trained health promoter (\$) | 2,126 | 1,104 | 922 | ^d 508 | 624 |
| Cost per family intervention (\$) ^b | 109 | 54 | 84 | 28 | 35 |
| Workload/Outputs: | | | | | |
| Number of health promoters trained | 46 | ^c 91 | 109 | 113 | 92 |
| Number of family interventions | 464 | 923 | 586 | 1,017 | 828 |
| Number of educational activities | NA | 900 | 1,722 | 1,017 | 828 |
| Inputs: | | | | | |
| Expenditures (\$000) | 148 | 150 | 150 | ^d 87 | 87 |
| Workyears | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |
| Notes: ^a Health promoters are lay Latino persons from the community willing to collaborate voluntarily to be trained to provide health information to other community members. Health promoters are leaders in the community who play very important roles in linking the community to health services, know the community and its problems, and advocate for changes that will improve the health of the community. ^b Cost based on 33% of total program expenditures. ^c School Health Services became an additional partner in FY02. ^d A quality audit conducted in FY04 resulted in a reallocation of expenditures. | | | | | |
| EXPLANATION: The Health Promoter Program trains lay community people on issues related to health promotion and prevention, access to the Maryland Children's Health Insurance Program (MCHP), and MCHP Premium and County health programs available for low-income and uninsured residents. The health promoters inform and assist families in the community with filling out the MCHP application or encourage them to seek health services. Expansion of the program from Silver Spring to the Gaithersburg area increased the number of Hispanic families that could be reached. The health promoters are responsible for the distribution of the "Latinoamericano" and "To Your Health" (the English version), a health newsletter tailored to educate and inform the community on preventive health issues, available health resources, and much more. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Promotion and Prevention, Administration Care Coordination Unit, School Health Services. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Targets for Excellence in Service FY02. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

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|---|------------------------|---|------------------------|------------------------|------------------------|
| PROGRAM: Health Promotion and Prevention | | PROGRAM ELEMENT: Five-A-Day Program | | | |
| PROGRAM MISSION: To promote healthy eating and daily physical activity by Montgomery County Public School first grade students and their families through educational outreach conducted in the Title 1 elementary schools ^a | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage point increase in children eating five servings of fruits and vegetables daily ^b | 14 | 12 | 13 | 10 | 10 |
| Percentage point increase in children engaging in physical activity at least 5 days per week | NA | 5 | 9 | 10 | 10 |
| Service Quality: | | | | | |
| Percentage of parents reporting that the pro-gram helped the whole family eat more fruits and vegetables | 59 | 59 | 59 | 60 | 60 |
| Percentage of parents reporting that the pro-gram results in some members of the family being more physically active | 40 | 39 | 40 | 35 | 35 |
| Efficiency: | | | | | |
| Average cost per family (\$) | 50 | 58 | 88 | 57 | ^d 213 |
| Average cost per class (\$) | 932 | 1,018 | 1,600 | 1,700 | ^d 3,400 |
| Workload/Outputs: | | | | | |
| Number of families reached | 1,111 | 962 | 635 | 1,000 | ^d 400 |
| Number of classes completing the program | 59 | 55 | 35 | 50 | ^d 25 |
| Inputs: | | | | | |
| Expenditures (\$) | 55,000 | 56,000 | 56,000 | ^c 85,000 | 85,000 |
| Workyears | 0.9 | 0.9 | 0.9 | 0.9 | 0.9 |
| Notes: ^a Title 1 Elementary Schools have a higher percentage of low-income children. ^b These numbers reflect the percentage point difference between the percentage reporting eating "5" on the post-program survey as compared to the percentage reporting "5" on the pre-program survey. ^c A quality audit conducted in FY04 resulted in a reallocation of expenditures. However, the State provided no operating funds for FY04, and the program is operating with supplies on hand. ^d The FY05 level of services will depend upon State funding, supplies on hand, and the number of teachers willing to continue the program (which has been decreasing due to curriculum changes). | | | | | |
| EXPLANATION: According to the USDA Continuing Survey of Food Intakes by Individuals, only 26% of American children eat the recommended five servings of fruits and vegetables per day. Physical inactivity is also a serious problem and contributes to the increase in children who are overweight, currently estimated at 22%. The Five for Kids, Too! Program is a school-based nutrition and physical activity program designed to improve health status by reaching parents and families with healthy eating and physical activity messages. First grade teachers from Title 1 schools sign up on a voluntary basis to conduct the program in their classrooms. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State Department of Health and Mental Hygiene, Dole Food Company, American Cancer Society, National Cancer Institute, Montgomery County Cooperative Extension. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: National Cancer Institute Five-A-Day Program. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|--|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: Health Promotion and Prevention | PROGRAM ELEMENT: Injury Prevention | | | | |
| PROGRAM MISSION: To reduce death and disability among Montgomery County residents from preventable injuries by mobilizing community partnerships, by increasing public awareness, and by providing professional consultation and training, media outreach, and distribution of injury prevention products | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Rate of unexpected child deaths (per 100,000) ^a | 11.80 | 11.27 | °TBD | °TBD | °TBD |
| Rate of pedestrian deaths (per 100,000) ^a | 1.91 | 1.93 | 1.90 | 1.90 | 1.89 |
| Percentage of residents wearing seat belts | 85.8 | 85.6 | 89.3 | 88 | 90 |
| Percentage of non-professional participants in Shaken Baby education programs who increase their understanding of the problem ^b | NA | 86.0 | 89.7 | 89 | 89 |
| Service Quality: | | | | | |
| Efficiency: | | | | | |
| Cost per injury prevention product distributed (\$) | 88 | 47 | 47 | 46 | 23 |
| Workload/Outputs: | | | | | |
| Number of cases reviewed by the Child Fatality Review Team | 31 | 20 | 25 | 25 | 25 |
| Number of gun locks distributed | 250 | 288 | 300 | 300 | °0 |
| Number of bicycle helmets distributed | 440 | 450 | 1,000 | 851 | 1,600 |
| Number of car seats distributed | 795 | 500 | 900 | 1,000 | 800 |
| Number of reflective materials distributed | 2,500 | 6,945 | 6,000 | 6,500 | 15,000 |
| Number of Shaken Baby educational sessions conducted | 55 | 53 | 83 | 60 | 60 |
| Inputs: | | | | | |
| Expenditures (\$000) | 352 | 383 | 382 | 397 | 397 |
| Workyears | 3.9 | 3.5 | 3.5 | 3.5 | 3.5 |
| Notes: ^a Calendar year figures. ^b Based on pre- and post-tests. ^c Data unavailable due to vacancy for Department's epidemiologist. ^d Gun lock distribution discontinued. | | | | | |
| EXPLANATION: <p>Injury is the number one cause of death and disability among children under the age of 14. Nationally, three out of four injury deaths are unintentional. Major causes of unintentional deaths and injuries are motor vehicle crashes, discharges of firearms, falls, fires, and drowning.</p> <p>Child abuse and homicide are intentional forms of injury. Shaken baby syndrome is an example of such an injury. It occurs when a child's head is whiplashed back and forth during shaking or from blunt force trauma when a child is thrown against a solid surface. The syndrome affects 3,000 - 5,000 babies or young children in this country each year.</p> <p>Montgomery County's Child Fatality Review Team (CFRT) performs detailed reviews of all deaths of children from birth to age 18 referred to the State Medical Examiner. The CFRT identifies trends and patterns that contribute to childhood deaths, providing knowledge to help plan interventions to prevent future deaths.</p> | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Fire and Rescue Service, Office of Consumer Affairs, Public Information Office, Suburban Hospital, Holy Cross Hospital, Adventist Health Care Systems, Cooperative Extension Services - 4H, Emergency Nurses Association, State Highway Safety Office, Rockville City Police, Gaithersburg City Police, Montgomery County Recreation Department, AAA, State Farm Insurance, Project Prom, Progressive Insurance Company, Allstate Insurance, Maryland Pedestrian and Bicycle Advisory Committee, Maryland State Parole and Probation, Maryland-National Capital Park Police, Fitzgerald Automall, Drawing the Line, Safe Communities, School Health Services, Walk DC, Safe Neighborhood Day Inc., Montgomery County Public Schools, State delegates, staff of the Blue Ribbon Panel on Pedestrian and Traffic Safety, Hospitality Resource Panel, Mothers Against Drunk Driving, Insurance Institute for Highway Safety, Network of Employers for Traffic Safety, Maryland Safety Council, Federal Highway Administration, Women Leaders of Highway Safety, Consumer Products Safety Commission, Families Foremost, Responsible Fathers, Americaid Corporation, Health Care Coalition, Healthy Families Montgomery, individual citizen volunteers interested in injury prevention. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Promotion and Prevention

PROGRAM ELEMENT:

Latino Health Initiative

PROGRAM MISSION:

To foster the establishment of a coordinated, integrated, and culturally competent system of care for the low-income Latino population by developing, implementing, and evaluating a health agenda that is responsive to their needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES^a

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|------------------|
| Outcomes/Results: | | | | | |
| Percentage change in healthy behaviors as a result of the Latino Wellness Program ^b | NA | NA | NA | TBD | TBD |
| Percentage increase in cancer prevention knowledge of the Community Health Promoters ^b | NA | NA | NA | 12 | 12 |
| Service Quality: | | | | | |
| Percentage of parents satisfied with the Latino Youth Wellness Program | NA | NA | NA | 85 | 85 |
| Percentage of youths satisfied with the Latino Youth Wellness Program | NA | NA | NA | 85 | 85 |
| Percentage of clients satisfied with referral and interpreter services | NA | NA | NA | 85 | 85 |
| Percentage of guests satisfied with the television show process | NA | NA | NA | 85 | 85 |
| Efficiency: | | | | | |
| Average cost per Youth Wellness Program training session (\$) | NA | NA | NA | 34 | 34 |
| Average cost per medical interpreter service (\$) | NA | NA | NA | 50 | 50 |
| Workload/Outputs: | | | | | |
| Latino Youth Wellness Program | | | | | |
| Number of youths completing health assessment survey | NA | NA | NA | 50 | 50 |
| Number of one-on-one counseling sessions | NA | NA | NA | 500 | 500 |
| Number of Community Advisory Board meetings | NA | NA | NA | 4 | 4 |
| System Navigator and Interpreter Program | | | | | |
| Number of one-on-one referrals/encounters | NA | NA | NA | 3,000 | 3,000 |
| Number of medical interpreter services | NA | NA | NA | 800 | 800 |
| Number of Community Advisory Board meetings | NA | NA | NA | 40 | 40 |
| Cancer Prevention and Control Program | | | | | |
| Number of Community Health Promoters trained in cancer prevention | NA | NA | NA | 20 | 20 |
| Number of Latinos reached through education | NA | NA | NA | 1,200 | 1,200 |
| Number of colonoscopies completed | NA | NA | NA | 50 | 50 |
| Number of mammograms completed | NA | NA | NA | 200 | 200 |
| Number of referrals for pap smears | NA | NA | NA | 200 | 200 |
| Other | | | | | |
| Number of Steering Committee meetings | 11 | 12 | 15 | 12 | 12 |
| Inputs: | | | | | |
| Expenditures (\$000) | 177 | 180 | 525 | 724 | ^c 799 |
| Workyears | 1.2 | 1.2 | 1.2 | 1.2 | ^c 1.7 |

Notes:

^aThe Latino Health Initiative officially began in FY01. However, after a major study in FY02, the focus of the program has changed. This display contains new measures that reflect the change in program focus.

^bOutcomes will be measured through pre/post health assessment surveys.

^cIncludes County Executive recommended enhancements.

EXPLANATION:

The Latino Health Initiative (LHI) was established in July 2000 by the County Executive and the County Council to develop, implement, and evaluate a plan of action to address the health needs of low-income Latinos in Montgomery County. Specific functions of the Initiative are to (1) enhance the coordination of efforts among existing programs and services targeting Latinos; (2) develop and test models of programs and services to effectively reach Latinos; and (3) provide technical assistance and advice to individuals in decision-making positions regarding Latino health-related issues. The LHI staff work in close coordination with a Steering Committee of ten entities from the national, State, and local level serving Latinos. The Steering Committee provides technical guidance and oversight of LHI activities and works in close collaboration with County officers and elected officials to insure that Latino health needs are adequately addressed.

A health needs assessment of the target population was initiated in February, 2001, and completed during FY02. This assessment included collection of epidemiological data, focus groups with clients, interviews with key informants, and site visits to health care providers. A community planning process to identify top health priorities and develop recommendations was also conducted during FY02. As a result of these efforts, the program focus has been changed. Two new programs will be implemented: a Latino youth wellness program, and bi-lingual information line/medical interpreter services (the System Navigator and Interpreter Program). These programs will be conducted by a contractor selected through a competitive bid process.

During FY03 and FY04, a plan of action identifying priority health issues and recommendations on how to address those issues will be developed through a community planning process that will involve Steering Committee members and other key stakeholders. In addition, Community Planning staff will continue to develop action plans and interventions to implement the recommendations that have been developed.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: National Council of La Raza, National Hispanic Council on Aging, George Washington University, CASA of Maryland, Hispanic Chamber of Commerce, Identity Inc., Prevention, Inc., Spanish Catholic Center, Community Ministries of Rockville, Community Ministries of Montgomery, National Institutes of Health, Primary Care Coalition, Holy Cross Hospital, Adventist Hospital, Safety Net Providers, Office of the County Executive, other Department of Health and Human Services programs.

MAJOR RELATED PLANS AND GUIDELINES:

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Public Health Emergency Preparedness Response Program;
Environmental Health Regulatory Services

PROGRAM ELEMENT:
Emergency Preparedness

PROGRAM MISSION:

To ensure a competent and functional public health infrastructure for responding to natural and manmade disasters, bioterrorism, and other mass causality events by developing and implementing emergency plans, participating in training and exercises, and improving surveillance and response capabilities

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of County Emergency Operations Plans reviewed that were in compliance with the Public Health Services mission | 100 | 100 | 100 | 100 | 100 |
| Percentage of Public Health Services staff completing Emergency Preparedness accredited training for "Public Health Ready" ^a | NA | NA | 10 | 70 | 80 |
| Number of County residents informed through outreach (including community meetings and various media efforts) (000) | NA | NA | 1,228 | 1,500 | 1,500 |
| Service Quality: | | | | | |
| Percentage of activated emergencies ^b in which Public Health Services staff responded within 3 hours | 100 | 100 | 100 | 100 | 100 |
| Efficiency: | | | | | |
| Average cost of training per participant (\$) | NA | NA | 23 | 30 | 32 |
| Workload/Outputs: | | | | | |
| Number of Public Health Services/Emergency Management Group plans reviewed for compliance | 5 | 2 | 8 | 11 | 11 |
| Number of Public Health Services staff who attended accredited training | NA | NA | NA | 420 | 480 |
| Number of training sessions, exercises, and drills sponsored by Public Health Services | NA | NA | NA | NA | TBD |
| Number of new Public Health Services/Emergency Management Group plans developed ^c | NA | NA | 1 | 2 | 2 |
| Number of Hospital Committee ^d meetings held | 6 | 5 | 2 | 4 | 4 |
| Number of disaster plans reviewed during annual and quality assurance nursing home and domiciliary care facility inspections | NA | NA | NA | 98 | 100 |
| Inputs: | | | | | |
| Expenditures (\$000) | NA | NA | 524 | 1,250 | 1,250 |
| Workyears | NA | NA | 9.5 | 9.5 | 9.5 |

Notes:

^a"Public Health Ready" is a collaborative activity between the National Association of County and City Officials and the Centers for Disease Control and Prevention to prepare staff of local government public health agencies to respond to and protect the public's health through a competency-based training and certification program.

^bAn activated emergency is declared by the County's Chief Administrative Officer.

^cEmergency plans are developed in response to the Maryland Emergency Management Agency, the Maryland Department of Health and Mental Hygiene, and the Centers for Disease Control. These plans are written by Emergency Management Group subcommittees and by departments.

^dThe Hospital Committee, a subcommittee of the Emergency Management Group, meets regularly to ensure that Montgomery County's hospitals are full participants in the planning and preparations for mass fatality and mass casualty events. Beginning in FY04, meetings will be held quarterly.

EXPLANATION:

The Department of Health and Human Services partners with the County's Chief Administrative Officer, the Fire and Rescue Service's Office of Emergency Management, and other County agencies in preparing for the mitigation and remediation of the results of natural and man-made disasters. Training, planning exercises, and actual events drive a constant cycle of analysis, new plans, and testing to improve the government's ability to assist County residents in the event of a disaster. A major component of this program involves public health preparations, plans, and training to detect and respond to a bioterrorism threat or a natural biological agent. Public Health Services constantly monitors incidents to anticipate or react to threats to the public's health. Public Health Services has entered into a collaborative pilot project called "Public Health Ready." When fully implemented, Public Health Services will be certified as ready to respond to public health emergencies. The basis of agency certification will be a fully trained staff, an emergency preparedness plan, and evidence that the staff have practiced the plan through drills and exercises. Participation in the training and exercises provides public health care providers with knowledge of current policies and procedures and the ability to describe and demonstrate their prescribed roles in the event of an emergency.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Emergency Management Agency, Maryland Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services System, Metropolitan Washington Council of Governments, District of Columbia Department of Health, Virginia Health Department, Montgomery County Fire and Rescue Service Emergency Medical System, other County departments and offices, Maryland Office of the Chief Medical Examiner, National Association of County and City Officials, Centers for Disease Control, John Hopkins University, local emergency planning commissions, local civilian and military hospitals.

MAJOR RELATED PLANS AND GUIDELINES: Federal Emergency Management Agency regulations and guidelines, Maryland Emergency Management Agency regulations and guidelines, Maryland Department of Health and Mental Hygiene regulations and guidelines, Metropolitan Washington Council of Governments planning guidance, Centers for Disease Control guidelines and protocols, Montgomery County Code, Montgomery County Emergency Operations Plan.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | | |
|---|--------------------|--------------------------------------|--------------------|--------------------|--------|--------|
| PROGRAM: | | PROGRAM ELEMENT: | | | | |
| School Health Services | | Case Management and Health Promotion | | | | |
| PROGRAM MISSION: | | | | | | |
| To assess, develop, and implement a plan of care to meet the health needs of students and provide health education and counseling for students, their families, and the school community to facilitate better management of health conditions | | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: | | | | | | |
| <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Individuals and families achieving their maximum possible level of self-sufficiency | | | | | | |
| PROGRAM MEASURES | | FY01 | FY02 | FY03 | FY04 | FY05 |
| | | ACTUAL | ACTUAL | ACTUAL | BUDGET | CE REC |
| Outcomes/Results: | | | | | | |
| Percentage of pregnant teens with healthy birthweight babies ^a | 90 | 92 | 88 | 77 | 81 | |
| Percentage of pregnant teens who enter care in the first trimester | 57 | 55 | 50 | 50 | 53 | |
| Percentage of students with asthma who have an asthma action or asthma health care plan | NA | 24 | 21 | 35 | 37 | |
| Service Quality: | | | | | | |
| Percentage of parents satisfied with the Open Airways activities | 77 | ^b NA | ^b NA | TBD | TBD | |
| Efficiency: | | | | | | |
| Average high school community health nurse caseload for teen pregnancy case management ^d | 6 | 6 | 6 | 7 | 7 | |
| Workload/Outputs: | | | | | | |
| Number of pregnant teens | 99 | 97 | 106 | 110 | 116 | |
| Number of healthy birth weight babies born to pregnant teens | 46 | 43 | 40 | 30 | 32 | |
| Number of pregnant teens entering care in the first trimester | 56 | 49 | 53 | 55 | 58 | |
| Number of students with an asthma action or asthma health care plan | NA | 2,098 | 2,045 | 2,050 | 2,071 | |
| Number of health promotion activities conducted | NA | 6,327 | 2,217 | 3,063 | 3,063 | |
| Inputs: | | | | | | |
| Expenditures (\$000) | ^c 2,455 | ^c 2,446 | ^e 2,722 | ^e 3,336 | 3,336 | |
| Workyears | ^c 45.8 | ^c 47.4 | ^e 48.6 | ^e 50.9 | 50.9 | |
| Notes: | | | | | | |
| ^a Healthy birth weight babies weigh more than 5.5 pounds. The data includes only those teens who deliver their babies within the school year. | | | | | | |
| ^b In FY02, the American Lung Association reported that only two satisfaction surveys for Montgomery County were returned. The program is currently considering strategies to ensure a higher response rate in the future. The survey was not conducted in FY03. | | | | | | |
| ^c It is estimated that 25% of the School Health Services budget is directed toward case management and health promotion activities. | | | | | | |
| ^d Community health nurses in high schools account for 17.4 workyears in teen pregnancy case management. | | | | | | |
| ^e In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures; additional staff re-allocations occurred for FY04. | | | | | | |
| EXPLANATION: | | | | | | |
| School Health Services staff have many opportunities to provide health intervention and to teach healthy life choices to improve chances for academic success. These opportunities are provided through nursing case management of high risk students and health promotion. School nurse interventions include teen pregnancy/parent support activities, Adults and Children Talking (AACT) groups, and asthma management. Research shows that: | | | | | | |
| - Children born to teen mothers face increased risk of low birth weight, which is associated with physical and developmental problems. School nurses facilitate early entry into prenatal care where problem identification and early interventions can improve birth outcomes. | | | | | | |
| - Children want to hear about sexuality issues from their own parents or guardians. To facilitate this, school nurses organize AACT programs to support families in establishing and maintaining open lines of communication and utilizing teachable moments and learning. | | | | | | |
| - According to the American Academy of Pediatrics, asthma is the most common chronic disease of childhood, affecting nearly one in thirteen school age children. These children experience more than three times the number of school absences experienced by children without asthma, resulting in loss of learning opportunities and negative long-term consequences. Nurses work to improve students' asthma management through individual contacts and in groups such as the Open Airways Program, a research-based asthma education program for students in grades 3-5, designed to improve the quality of life for the children and their families. | | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services; Montgomery County Public Schools; Governor's Council on Adolescent Pregnancy; Interagency Committee on Adolescent Pregnancy; Collaboration Council for Children, Youth, and Families; Adventist Health Care; American Lung Association; Montgomery Asthma Improvement Resources Coalition; American Lung Association of Maryland; Maryland State Department of Health and Mental Hygiene; Latino Health Initiative; African American Health Initiative. | | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual; COMAR Health Start Case Management Guidelines; Montgomery AIR Strategic Plan; National Asthma Education and Prevention Program: Expert Panel Report 2. | | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

School Health Services

PROGRAM ELEMENT:

Health Room Services

PROGRAM MISSION:

To assess the health needs of Montgomery County Public Schools (MCPS) students and provide high-quality health interventions to maximize students' availability to learn

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Young people making smart choices

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|--------------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of students returning to class after a health intervention | 92 | 90 | 89 | 90 | 90 |
| Percentage of students who have completed required immunizations | NA | 97 | 99 | 99 | 99 |
| Service Quality: | | | | | |
| Percentage of surveyed MCPS teachers satisfied with health services ^a | NA | 95 | TBD | TBD | TBD |
| Efficiency: | | | | | |
| Average cost per health room visit (\$) ^b | 4.52 | 5.22 | ^c 7.15 | ^d 7.48 | 7.70 |
| Workload/Outputs: | | | | | |
| Number of health room visits (000) | 1,092 | 927 | 794 | 802 | 810 |
| Number of times students were returned to class (000) | 1,001 | 835 | 710 | 717 | 724 |
| Number of immunization records reviewed | 50,548 | 49,600 | 43,401 | 44,000 | 44,000 |
| Number of students who have completed immunization requirements | 49,827 | 48,300 | 42,916 | 43,000 | 43,000 |
| Number of students in the process of completing immunization requirements | 631 | 1,300 | 485 | 510 | 510 |
| Inputs: | | | | | |
| Expenditures (\$000) | 4,935 | 6,458 | ^c 7,573 | ^d 8,000 | 8,320 |
| Workyears | 91.3 | 94.6 | ^c 127.0 | ^d 130.0 | 133 |

Notes:

^aAnnual survey of Montgomery County Public Schools teachers to determine their knowledge of available Health Room Services and responsiveness of School Health Services to the needs of their students and families.

^bCost is calculated based on 75% of total Health Room Services expenditures.

^cA quality audit was performed which resulted in a reallocation of workyears and expenditures.

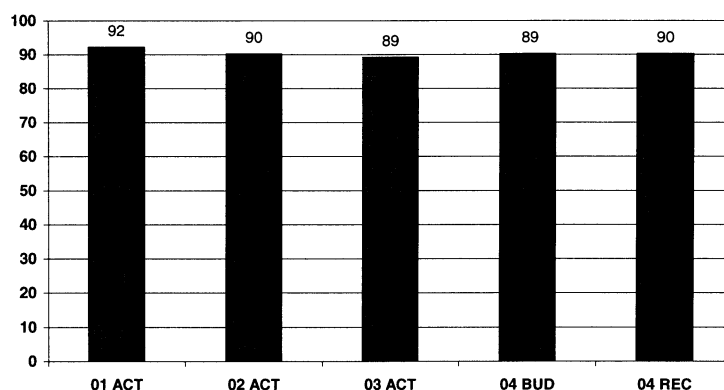
^dBeginning in FY04, approximately 68% of the School Health Services' budget and workyears will be directed toward delivering and supporting various health room services. Seventy-five percent of these health room services are related to the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures. The remainder goes toward record reviews, documentation, and follow-up related to immunization status and State compliance.

EXPLANATION:

The School Health Services Program (SHS) responds to physical, emotional, psychological, and social problems among our school populations which, if left unaddressed, interfere with the primary mission of the school: education. The program includes the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures, including services to medically fragile students and others with chronic health conditions. In support of communicable disease prevention, SHS staff assure through record review, referral, and monitoring that Montgomery County Public Schools students are in compliance with State immunization law.

Services provided at the health room visit allow children to return to their classroom and to participate in learning activities. This investment also promotes the overall health of the community - eliminating health disparities and assuring that children and families access needed health and human services. The percentage of students returning to class after health intervention is consistently high, 89% in FY03.

Percentage of Students Returning to Class After Health Intervention



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Head Start, Linkages to Learning, Interagency Coordinating Committee on Adolescent Pregnancy Prevention and Parenting (ICCAPP), American Lung Association, Montgomery County Community Partnership, area hospitals, managed care organizations, health maintenance organizations, health care providers, commissions, standing and ad-hoc committees.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Healthy People 2010; U.S. Department of Health and Human Services' Communicable Disease Center; Federal Occupational Safety and Health Administration; Maryland Occupational Safety and Health; Maryland State Board of Nursing; COMAR for School Health Services and Immunizations; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | | |
|--|--------|--|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: School Health Services | | PROGRAM ELEMENT: Hearing, Vision, and Scoliosis ^a Screening | | | | |
| PROGRAM MISSION: To detect and refer school-age children who may have difficulty learning or functioning in school due to vision, hearing, or scoliosis problems | | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | | |
| PROGRAM MEASURES | | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | | |
| Percentage of students identified and referred for hearing problems | 3 | 2 | 2 | 3 | 3 | |
| Percentage of students identified and referred for vision problems | 15 | 17 | 17 | 15 | 15 | |
| Percentage of students identified and referred for scoliosis | 7 | 6 | 8 | 7 | 7 | |
| Service Quality: | | | | | | |
| Percentage of kindergarten, 4th, and 8th grade students screened according to State regulations | NA | 98 | 98 | 98 | 98 | |
| Percentage of 7th grade students screened for scoliosis according to State regulations | 86 | 86 | 87 | 87 | 87 | |
| Efficiency: | | | | | | |
| Average cost per hearing and vision screening (\$) | 2.87 | 5.12 | ^b 3.40 | 4.13 | 4.25 | |
| Average cost per scoliosis screening (\$) | 6.50 | 6.90 | ^b 5.04 | 5.64 | 5.81 | |
| Workload/Outputs: | | | | | | |
| Number of students screened for hearing | 39,000 | 39,600 | 39,711 | 40,100 | 40,501 | |
| Number of students screened for vision | 43,000 | 43,600 | 43,871 | 44,100 | 44,541 | |
| Number of students screened for scoliosis | 9,044 | 9,218 | 8,424 | 9,200 | 9,292 | |
| Number of students identified and referred for a hearing problem | 1,117 | 908 | 833 | 1203 | 1,215 | |
| Number of students identified and referred for a vision problem | 6,469 | 7,440 | 7,535 | 6,615 | 6,681 | |
| Number of students identified and referred for possible scoliosis | 602 | 596 | 691 | 644 | 650 | |
| Inputs: | | | | | | |
| Expenditures (\$000) | 294 | 489 | ^b 327 | 399 | 415 | |
| Workyears | 5.66 | ^c 9.38 | ^b 7.5 | 7.5 | 7.5 | |
| Notes: ^a Scoliosis is a skeletal condition that results in curvature of the spine. ^b In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Beginning in FY03, 3% of the School Health Services budget (\$326,723) was allocated towards provision of hearing, vision, and scoliosis screening. Of this amount, 13% (\$42,474) is dedicated to scoliosis, and the remaining 87% (\$284,249) is dedicated to hearing and vision screening. ^c Six 0.62 workyear hearing and vision screening positions were created in FY02. | | | | | | |
| EXPLANATION: Students that have difficulty seeing or hearing are unable to maximize their learning experience in the classroom. The State of Maryland requires hearing and vision screening for all school age children in kindergarten, 4th, and 8th grades. In addition, School Health Services staff screen children of any age who are new to the State of Maryland. School Health Services provides the staff and funding for screenings in all Montgomery County public schools and accredited private schools. Screening for scoliosis in Montgomery County public schools is given for 7th grade and other age appropriate students. Initial screenings are given by the Montgomery County Public Schools physical education departments in October and November of each school year. Re-screening is performed by a licensed physical therapist for those students who had suspect results on the initial screen and for students who missed the initial screening. School community health nurses conduct the follow-up on any rescreens and subsequent referrals for additional care. | | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services, Montgomery County Public Schools, Lions Club, Lenscrafters. | | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual, Annotated Code of Maryland, Section 7-403 and Section 2-206. | | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|---|--|
| PROGRAM: School Health Services | PROGRAM ELEMENT: School Based Health Centers |
|---|--|

PROGRAM MISSION:
To provide preventative and/or acute health care services to enrolled children to reduce barriers to health care and learning and to foster healthy life-style behaviors

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|------------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of eligible students enrolled in the School Based Health Center Program ^a | 86 | 90 | 89 | 91 | 91 |
| Percentage of enrolled students who receive services at School Based Health Centers ^b | 65 | 59 | 43 | 61 | 61 |
| Service Quality: | | | | | |
| Percentage of parents satisfied with service ^c | NA | NA | NA | TBD | TBD |
| Efficiency: | | | | | |
| Average cost per visit (\$) | 157 | 163 | ^d 188 | 190 | 190 |
| Workload/Outputs: | | | | | |
| Number of visits for sick care services | 819 | 843 | 777 | 850 | 850 |
| Number of visits for well care services | 435 | 596 | 485 | 550 | 550 |
| Number of follow-up visits | 188 | 297 | 241 | 250 | 250 |
| Number of referrals | 144 | 160 | 142 | 210 | 210 |
| Inputs: | | | | | |
| Expenditures (\$000) | 227 | 283 | ^d 283 | 314 | 314 |
| Workyears | 4.7 | 4.7 | ^d 1.4 | 1.4 | 1.4 |

Notes:
^aEligible students include all students enrolled in the Broad Acres and Harmony Hills elementary schools.
^bSchool Based Health Center services include sick care, well care, and follow-up visits.
^cAn annual survey of a random sample of parents whose children have used School Based Health Center services is being developed.
^dIn FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The School Based Health Centers deliver comprehensive physical and mental health services, as well as social services to high-risk school communities at the Broad Acres and Harmony Hills elementary schools. School Health Services is responsible for the sick care services, while Linkages to Learning is responsible for mental health services and case management. At each site, services are delivered in collaboration with school staff by the school's community health nurse, health room technician, and contract staff including a nurse practitioner, physician, mental health counselor, and social services case manager. School Based Health Centers help children and their families become healthy, achieve academic success, and become socially secure in their communities. There are currently 1,400 school based health centers nationally serving high need school communities.

| Fiscal Year | Percentage |
|-------------|------------|
| 01 ACT | 86 |
| 02 ACT | 90 |
| 03 ACT | 89 |
| 04 BUD | 91 |
| 05 REC | 91 |

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services, Montgomery County Public Schools, Catholic University of America, Children's National Medical Center, Holy Cross Hospital, Linkages to Learning Resource Team, Mental Health Association, Silver Spring Youth Services.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|---|--|
| PROGRAM: School Health Services | PROGRAM ELEMENT: School Health Services Center |
|---|--|

PROGRAM MISSION:

To immunize school-age children, to screen high-risk students for tuberculosis to protect them and the public from vaccine-preventable disease and tuberculosis, and to share child health program information with parents of uninsured children

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|----------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of students receiving immunizations ^a | NA | 82 | 71 | 75 | 75 |
| Percentage of students screened for tuberculosis ^b | NA | 77 | 68 | 75 | 75 |
| Percentage of students receiving information regarding child health programs ^c | NA | 11 | 16 | 20 | 20 |
| Service Quality: | | | | | |
| Percentage of clients satisfied with the services received | NA | 99 | 99 | 99 | 99 |
| Efficiency: | | | | | |
| Average cost per client visit (\$) | 13.45 | 13.56 | 18.58 | 19.84 | 20.24 |
| Workload/Outputs: | | | | | |
| Number of student immunization histories reviewed | NA | 5,547 | 4,929 | 5,000 | 5,000 |
| Number of immunizations given | 18,037 | 14,665 | 12,953 | 13,000 | 13,000 |
| Number of tuberculosis screens | 4,405 | 4,267 | 3,362 | 3,300 | 3,300 |
| Number of MCHP/CFK applications given ^d | 841 | 594 | 304 | 500 | 500 |
| Number of client visits ^f | 14,572 | 14,435 | 12,349 | 12,500 | 12,500 |
| Inputs: | | | | | |
| Expenditures (\$000) ^e | 196 | 195 | 229 | 248 | 253 |
| Workyears | 3.2 | 3.2 | 3.2 | 3.2 | 3.2 |

Notes:

^aBased on the number of students in need of immunizations at the time of enrollment.

^bBased on the number of students (international non-citizen students) who have not been in the U.S. school system more than two years or others who have lived outside of the U.S. one year or more.

^cThis information is only given to students identified as uninsured.

^dThe Maryland Children's Health Plan (MCHP) and Care For Kids (CFK) are State and local funded health insurance plans for uninsured children.

^eIt is estimated that 2% of the School Health Services budget is allocated to the School Health Services Center.

^fDecreases in the number of students are related to changes in immigration trends after 9/11/01 and correspond to decreases at the International Student Admissions Office. The trend is expected to plateau in FY04 and FY05.

EXPLANATION:

The School Health Services Center, as an adjunct to the enrollment process of the Montgomery County Public Schools' International Students Admissions Office, provides immunizations and tuberculosis screenings to international students enrolling in the public school system. Walk-in immunization services are provided to any school-age residents of the County three mornings per week. Staff also provide parents of uninsured children with information on and assistance in applying for the Maryland Children's Health Program and the Care For Kids program.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services, Montgomery County Public Schools.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Specialty Medical Evaluations

PROGRAM ELEMENT:

Audiology Services

PROGRAM MISSION:

To evaluate and screen eligible children and adults for early identification and treatment of hearing loss

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|------------------|------------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Number of treatable hearing losses detected | ^a 91 | ^a 118 | 241 | 225 | 225 |
| Percentage of clients who have treatable hearing losses detected and are linked to a medical provider | 100 | 100 | 100 | 100 | 100 |
| Service Quality: | | | | | |
| Percentage of clients satisfied with audiological services | NA | NA | 100 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per client (\$) | ^a 199 | ^a 466 | 190 | 172 | 172 |
| Workload/Outputs: | | | | | |
| Number of clients evaluated | ^a 623 | ^a 264 | 652 | 650 | 650 |
| Number referred for medical evaluation | 45 | 31 | 76 | 40 | 40 |
| Inputs: | | | | | |
| Expenditures (\$000) | 124 | 123 | 124 | ^b 112 | 112 |
| Workyears | 1.7 | 1.7 | 1.7 | ^b 1.3 | 1.3 |

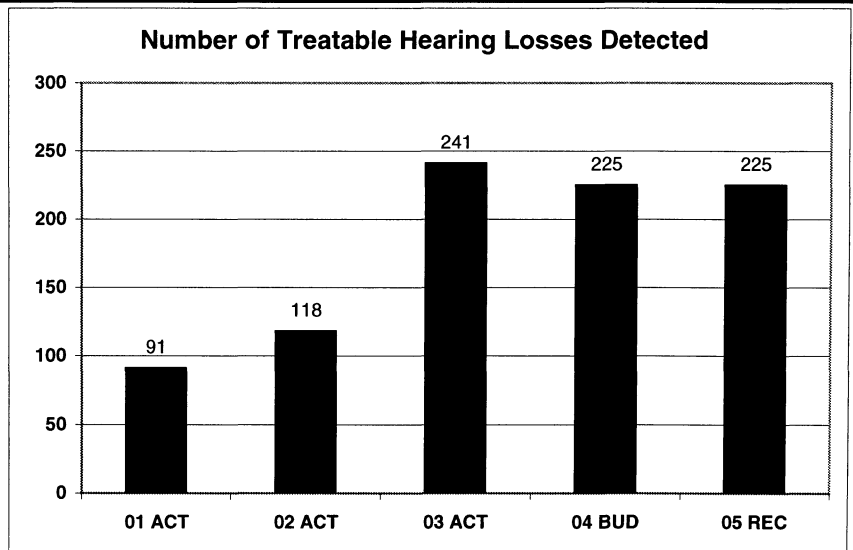
Notes:

^aA disruption in service for the last quarter of FY01 (a facility closure due to a sewage back-up) reduced the number served. This disruption continued in FY02.

^bA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Guidelines for Audiological Screening from October 1999 require that all children having a speech and language assessment be screened for possible hearing loss. A study done at the State University of New York's Health Science Center in Syracuse reviewed the records of approximately 1,000 children referred to the Center for developmental delay and found that almost 5 percent of the children were significantly or totally deaf. Doctors had failed to recommend hearing tests even though the medical or family histories of most children should have triggered immediate concern that they were at risk for hearing loss. The earlier children are diagnosed and treated for hearing loss, the less frequently language delay and behavior problems are experienced and the more academic success can be achieved.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Human Services' Infants and Toddlers Program and Aging and Disability Services, Montgomery County Public Schools Diagnostic and Evaluation Services for Children Program.

MAJOR RELATED PLANS AND GUIDELINES: Guidelines for Audiological Screening by the American Audiological Society.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|-----------------|---|--------------------|------------------|----------------|
| PROGRAM: Specialty Medical Evaluations | | PROGRAM ELEMENT: Children with Special Medical Needs | | | |
| PROGRAM MISSION: To serve uninsured children with special health care needs to prevent and/or treat chronic health conditions | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of referred children linked to a pediatric specialist | 92 | 92 | 85 | 90 | 88 |
| Service Quality: | | | | | |
| Percentage of clients satisfied with care coordination services | NA | NA | 95 | 90 | 95 |
| Efficiency: | | | | | |
| Average cost per client (\$) | ^a NA | ^a NA | 293 | ^d 930 | 930 |
| Workload/Outputs: | | | | | |
| Number of children linked to a medical provider | ^a NA | ^a NA | 143 | ^c 100 | 100 |
| Number of clinic visits, surgeries, and/or treatments coordinated | 1,254 | 1,350 | ^b 1,186 | 1,000 | 1,000 |
| Inputs: | | | | | |
| Expenditures (\$000) | 42 | 42 | 42 | ^d 93 | 93 |
| Workyears | 0.8 | 0.8 | 0.8 | ^d 0.1 | 0.1 |
| Notes: | | | | | |
| ^a The program focus was realigned, and historical data are no longer comparable. | | | | | |
| ^b Estimate. | | | | | |
| ^c Case management of this population is complex and is complicated by language barriers. Thus, it is anticipated that there will be a decrease in the number of children served. | | | | | |
| ^d A quality audit conducted in FY04 resulted in a reallocation of expenditures and workyears. | | | | | |
| EXPLANATION: | | | | | |
| Uninsured children have the same rate of complex medical problems as insured children and need specialty medical care to prevent handicapping conditions, severe medical complications, and/or further disabilities. The care coordinator from Specialty Medical Services assists parents in applying for financial assistance which will pay for their child to be evaluated and treated by a pediatric medical specialist or an optometrist as needed. The coordinator continues case management services with the child to assure that medical appointments are arranged and kept and that parents are able to follow through with medical recommendations. Linking children who have a possible vision problem is coordinated with several participating optometrists in Montgomery County. The optometrist will examine and provide prescriptive glasses as needed. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State of Maryland Children's Medical Services, Children's Hospital, Holy Cross Hospital, Johns Hopkins Hospital, University of Maryland Hospital, Shriners Hospital (Philadelphia, Pennsylvania), Washington Hospital Center, Suburban Hospital, Gouderman Appliances, Greg Banks Bio Lab, New Hampshire Pharmacy, Peepers Opticians, David's Opticians, Sterling Optical. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|---|--|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: STD/HIV Prevention and Treatment | PROGRAM ELEMENT: HIV Case Management | | | | |
| PROGRAM MISSION: To provide case management services for eligible HIV-infected Montgomery County residents in order to reduce transmission of HIV | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Percentage of HIV infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health treatment guidelines | NA | NA | 100 | 100 | 100 |
| Percentage of clients who report medication adherence | 72 | 82 | 80 | 80 | 85 |
| Percentage of clients who keep initial appointment | 52 | 60 | ^b 65 | 60 | 65 |
| Service Quality: | | | | | |
| Percentage of comprehensive-level ^a clients receiving the standard of one face-to-face contact per month | 99 | 100 | 100 | 100 | 100 |
| Efficiency: | | | | | |
| Average cost per client case-managed (\$) | 4,192 | 3,147 | 2,707 | ^c 3,050 | 2,904 |
| Workload/Outputs: | | | | | |
| Number of clients case-managed | 272 | 365 | 407 | 400 | 420 |
| Number of intake appointments for HIV care | 109 | 116 | 109 | 114 | 120 |
| Inputs: | | | | | |
| Expenditures (\$000) | 1,141 | 1,149 | 1,102 | ^c 1,220 | 1,220 |
| Workyears | 12.9 | 12.9 | 12.4 | 12.4 | 12.4 |
| Notes: ^a The comprehensive level of care requires a significant involvement in coordination of services for the client, family, and household members. ^b Clients for whom a Drug Evaluation Unit file was not subsequently opened either did not return for their intake interviews, failed to return with the necessary eligibility information, or moved. ^c A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. | | | | | |
| EXPLANATION: Cases are referred for case management to the Dennis Avenue Health Center by HIV/STD testing centers, physicians, hospitals, and other community service agencies, and by persons who have learned of the services from the Internet. An intake is completed that includes a psychosocial assessment, a plan of care, referrals to needed services, and a scheduled appointment for a physical examination, if desired. HIV case management involves three levels of care: comprehensive, intermediate, and limited or one-time intervention. The comprehensive level of care involves problem solving with possible follow-up, with the expected duration of the client relationship to last as long as their program participation. The intermediate level of care includes minimal involvement in coordination of services to client, family, and household members. Limited or one-time intervention consists of problem solving limited to resource identification; the case manager is involved in no more than two contacts. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Whitman Walker Clinic, Montgomery Hospice, Visiting Nurses Association, State Department of Rehabilitation, pharmaceutical companies, Bradley Care Drugs, Statscript Pharmacy, Community Clinic Inc., Montgomery County Community Ministries, Montgomery County Community Partnership, Mobile Medical Care, Mobile Crisis Team, Primary Care Coalition, Recuperative Care Shelter, area hospitals and hospital out-patient clinics, area physicians, HIV Care Consortia, HIV/AIDS Community Coalition, Washington D.C. Metropolitan Planning Council Planning Committee for HIV/AIDS, social service agencies. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Maryland AIDS Administration, Title I and Title II Funding Guidelines, COMAR regulations, CARES regulations, service eligibility guidelines, Centers for Disease Control, State of Maryland regulations, Maryland Department of Health and Mental Hygiene. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

STD/HIV Prevention and Treatment

PROGRAM ELEMENT:

STD/HIV Clinical Services

PROGRAM MISSION:

To provide comprehensive services including HIV/STD testing, partner notification, diagnosis, counseling, and treatment for Montgomery County residents in order to reduce the transmission of sexually transmitted diseases

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES
**FY01
ACTUAL**
**FY02
ACTUAL**
**FY03
ACTUAL**
**FY04
BUDGET**
**FY05
CE REC**
Outcomes/Results:

| | | | | | |
|---|----|----|----|----|----|
| Rate of reportable STDs in Montgomery County per 100,000 population | NA | NA | 38 | 60 | 75 |
|---|----|----|----|----|----|

Service Quality:

| | | | | | |
|---|----|----|----|----|----|
| Percentage of STD patients tested for HIV | 47 | 70 | 79 | 65 | 65 |
| Percentage of STD clients returning for post-test HIV results | 55 | 46 | 54 | 55 | 60 |
| Percentage of STD clients satisfied with service ^a | NA | NA | 95 | 85 | 85 |

Efficiency:

| | | | | | |
|----------------------------------|-----|-----|-----|------------------|-----|
| Average cost per STD client (\$) | 261 | 229 | 232 | ^b 408 | 397 |
|----------------------------------|-----|-----|-----|------------------|-----|

Workload/Outputs:

| | | | | | |
|---|-------|-------|-------|-------|-------|
| Total number of clients | 7,501 | 7,017 | 7,929 | 7,000 | 7,200 |
| Number of STD clients assessed | 3,229 | 2,949 | 2,274 | 3,000 | 3,000 |
| Number of HIV counseling and testing clients assessed (all sources) | 4,272 | 4,068 | 3,655 | 4,000 | 4,000 |
| Number of STD and HIV investigations conducted | 805 | 503 | 555 | 550 | 550 |
| Number of STD clients who returned for post-test HIV results | 1,331 | 962 | 969 | 1,100 | 1,200 |
| Number of STD clients tested for HIV | 2,053 | 2,061 | 1,811 | 2,200 | 2,400 |
| Number of people reached in HIV/STD presentations | 4,710 | 9,703 | 1,580 | 1,000 | 500 |

Inputs:

| | | | | | |
|----------------------|-------|-------|-------|--------------------|-------|
| Expenditures (\$000) | 1,957 | 1,879 | 1,838 | ^b 2,860 | 2,860 |
| Workyears | 20.3 | 20.3 | 19.8 | ^b 20.5 | 20.5 |

Notes:
^aSatisfaction surveys are being utilized in STD and Counseling and Testing Services clinics.

^bA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The nation and the County have seen an increase in most reportable sexually transmitted diseases (STDs). Montgomery County is second in the State, behind Prince George's County, in overall STD reports and in HIV counseling and testing numbers.

The County is in the last year of "Project Connect," a Centers for Disease Control grant-funded program that has yielded a high number of positive lab results. The purpose of the program is to increase HIV testing and counseling of newly-arrested persons in the Montgomery County Detention Center. Although only a few specific STDs are reportable, the Clinic diagnoses and treats many STDs - from non-gonococcal urethritis to human papilloma virus - that are not reportable to the State. Montgomery County's program also differs from the programs in other Maryland counties in that it offers anonymous and confidential HIV testing and a full service STD clinic using staff cross-trained in both disciplines. Since November, 2003, the one hour ORAQUICK HIV test has been offered in the County's HIV testing facility.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Montgomery County Public Schools, Centers for Disease Control, all local health departments, public and private physicians and hospitals, local health maintenance organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Centers for Disease Control guidelines, State STD and CTS policy and procedures manual.

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|---|---|
| PROGRAM: STD/HIV Prevention and Treatment | PROGRAM ELEMENT: STD - Teen Chlamydia Program |
|---|---|

PROGRAM MISSION:
To reduce the incidence of chlamydia among Montgomery County teens

COMMUNITY OUTCOMES SUPPORTED:

- Young people making smart choices
- Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|------------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Number of positive chlamydia cases reported in STD clinics in youths 18 years or younger | 92 | 48 | ^b 39 | ^c 75 | 75 |
| Percentage of positive chlamydia cases reported in STD clinics for youths 18 years or younger | 32 | 23 | 23 | 25 | 30 |
| Service Quality: | | | | | |
| Number of "youth friendly" clinics provided ^a | 148 | 150 | ^b 125 | 150 | 150 |
| Efficiency: | | | | | |
| Average cost per client (\$) | 408 | 379 | 364 | ^e 376 | 358 |
| Workload/Outputs: | | | | | |
| Number of teens presenting for chlamydia testing | 470 | 443 | 462 | 500 | 525 |
| Number of teens requesting other materials (brochures, condoms) | 3,500 | 5,000 | ^d 450 | 600 | 600 |
| Inputs: | | | | | |
| Expenditures (\$000) | 192 | 168 | 168 | ^e 188 | 188 |
| Workyears | 1.6 | 1.7 | 1.7 | 1.7 | 1.7 |

Notes:

^aThe term "youth friendly" refers to enhanced clinic services to capture the interest of the teen population. This includes scheduling when students have days off from school, and educational presentations where teen-specific materials are distributed.

^bIn FY03, one less clinic day was held per week due to the lack of a health technician and a reduction in part-time nurses.

^cAs a result of outreach to school nurses, an increase is expected in testing and positive cases.

^dAn outreach effort to educate School Community Health Nurses about the program was completed. The numbers reflect information given during clinic visits.

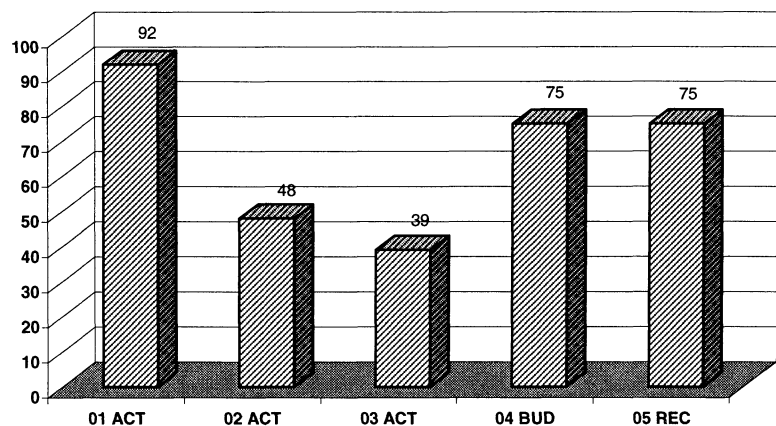
^eA quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:

Chlamydia became reportable in 1996. It is the fastest growing STD among 15-19 year old females in Montgomery County and is one of the most common STDs in the US, with 4 million cases reported each year. Acquired through unprotected sex, chlamydia infection causes pelvic inflammatory disease, which can result in infertility and is associated with increased risk for other infections such as Hepatitis B and AIDS.

The Chlamydia Project began in March, 2000 as a pilot in collaboration with the Maryland State Lab. The goal of the project is to increase awareness and testing for chlamydia among adolescents. The project has been very successful because of collaboration between the STD Program and School Health Services.

Number of Teen Chlamydia Cases Reported in Montgomery County Clinics



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Lab (Department of Health and Mental Hygiene), Montgomery County Public Schools, Centers for Disease Control, Montgomery College.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control and State regulations, Chlamydia Project in conjunction with the Montgomery County Public Schools, program guidelines developed locally, Maryland Department of Health and Mental Hygiene.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|------------------------|--|------------------------|------------------------|------------------------|
| PROGRAM: STD/HIV Prevention and Treatment; Dental Services | | PROGRAM ELEMENT: Dental Services for HIV Persons | | | |
| PROGRAM MISSION: To ensure access to preventive education and dental treatment services for eligible HIV infected persons from five suburban Maryland counties (Montgomery, Prince George's, Frederick, Calvert, and Charles) in order to reduce the impact of HIV/AIDS-related oral health problems on total health ^a | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Adults and children who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Number of HIV clinic patients from the five surrounding counties accessing the oral health program | 256 | 300 | ^b 246 | 250 | 250 |
| Service Quality: | | | | | |
| Percentage of surveyed clients reporting satisfaction with services | NA | 89 | 100 | 85 | 85 |
| Efficiency: | | | | | |
| Average cost per client (\$) | 1,018 | 507 | 1,210 | 1,081 | 1,081 |
| Workload/Outputs: | | | | | |
| Number of clients screened and referred | 219 | 298 | ^b 138 | 160 | 160 |
| Number of client visits | 635 | 1,215 | ^b 818 | 1,150 | 1,150 |
| Inputs: | | | | | |
| Expenditures (\$000) ^a | 167 | 151 | 167 | ^c 173 | 173 |
| Workyears | 2.0 | 2.0 | 2.0 | 2.0 | 2.0 |
| Notes: ^a This is a five county program (Montgomery, Prince George's, Frederick, Calvert, and Charles counties) and is totally grant funded under Federal and State Title I and Title II Ryan White Funds. No County funds are directed to this program. ^b The Prince George's County dental clinic was closed during all of FY03, limiting services to one site in Montgomery County. No FY03 and FY04 expansion grant funding was awarded. ^c A quality audit conducted in FY04 resulted in a reallocation of expenditures. | | | | | |
| EXPLANATION: According to the recent Surgeon General's Oral Health Report, persons afflicted with HIV disease or AIDS are among the many unserved or underserved populations in this country who continue to experience barriers in trying to access services. Throughout the course of this disease, there needs to be collaborative case management between medical and dental treatment in order to optimize treatment outcomes. Due to the threat of oral manifestations associated with HIV disease in its earliest stages, preventive education and treatment should be the primary intervention strategy for these clients. In January 1992, under the auspices of the Center for Dental Health and Education, Montgomery County expanded its HIV dental component into a regional dental program designed to provide dental assessments, oral health education, therapeutic dental services, and technical support to HIV/AIDS populations from six Maryland counties. Funding was limited and, as a result of cost-effective planning under the Maryland Suburban Ryan White Alliance, Prince George's County and Montgomery County agreed to implement dental funding under a single administrative agency and to provide a shared dental facility for clients from regional county programs. The program currently serves five counties and provides dental care in two clinics dedicated to HIV services. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Hospital Center, Howard University, health departments and HIV programs from five Maryland counties, over 30 agencies from the Maryland Suburban Ryan White Alliance Network, Persons Living with AIDS, Maryland Departmental of Health and Mental Hygiene. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Center for Dental Health and Education, Maryland Suburban Ryan White Alliance Standards of Care, Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health Administration, Human Resource Services Administration. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Tuberculosis Services

PROGRAM ELEMENT:

Refugee and Migrant Workers Health Assessment

PROGRAM MISSION:

To provide and assure that newly arrived refugees receive comprehensive health assessment and disease intervention to promote their health status and to ensure a good acculturation process and self-sufficiency

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

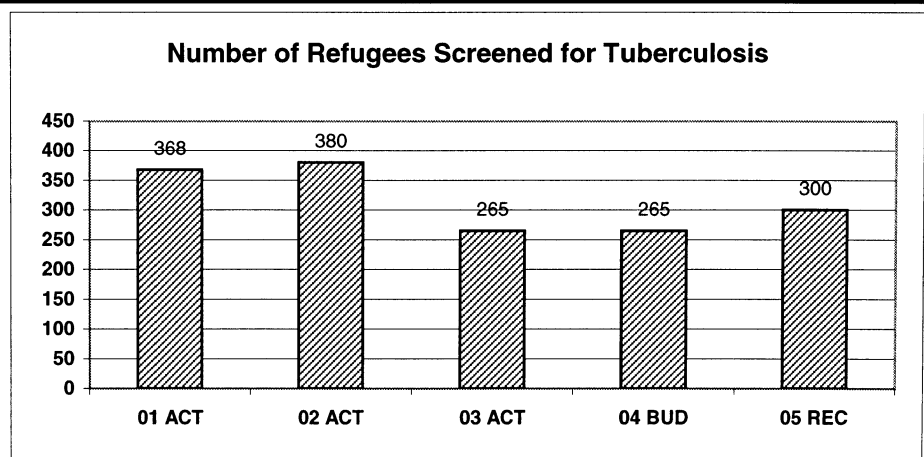
| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of refugees receiving health assessment | 90 | 90 | 95 | 95 | 95 |
| Percentage of refugees referred and linked with a health care provider for acute or chronic conditions | 60 | 16 | 17 | 15 | 30 |
| Service Quality: | | | | | |
| Percentage of refugees screened for TB within two weeks of arrival | NA | 95 | 95 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per screening (\$) | 798 | 684 | 996 | ^a 1,011 | 893 |
| Workload/Outputs: | | | | | |
| Number of refugees receiving health assessments | 368 | 380 | 265 | 265 | 300 |
| Number of refugees referred and linked for acute or chronic conditions | 232 | 59 | 44 | 40 | 60 |
| Number of refugees screened for TB | 368 | 380 | 265 | 265 | 300 |
| Number of refugees screened for hepatitis B | 206 | 176 | 123 | 128 | 150 |
| Inputs: | | | | | |
| Expenditures (\$000) | 394 | 260 | 264 | ^a 268 | 268 |
| Workyears | 3.8 | 3.6 | 3.6 | ^a 3.3 | 3.3 |

Notes:

^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Refugee Health Program ensures that all refugees arriving in Montgomery County receive appropriate health screening and referral for acute or chronic conditions. Clients are screened for tuberculosis, HIV/STD, hepatitis B and C, ova, and parasites. Clinic staff are multilingual and multicultural, which enhances the safe delivery of services as they assist the newcomers in the acculturation process.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, Office of Refugee Resettlement, Maryland Office of New Americans.

MAJOR RELATED PLANS AND GUIDELINES: Federal Refugee Act, Centers for Disease Control and Maryland Department of Health and Mental Hygiene guidelines.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Tuberculosis Services

PROGRAM ELEMENT:

TB Outreach Case Management

PROGRAM MISSION:

To provide and ensure early identification, prompt treatment, and case management of TB suspects/active cases via direct observation

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Rate of tuberculosis cases per 100,000 population | 9.5 | 7.6 | 9.0 | 9.2 | 10.5 |
| Percentage of active TB cases receiving treatment under Directly Observed Therapy (DOT) ^a | 89 | 94 | 95 | 95 | 95 |
| Percentage of active TB cases completing treatment under DOT | 98 | 86 | 100 | 95 | 95 |
| Service Quality: | | | | | |
| Percentage of at-risk persons reached during a cluster ^b investigation | NA | 45 | 90 | 90 | 90 |
| Percentage of clients reporting satisfaction | 95 | 95 | 95 | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per screening and treatment (\$) | 121 | 151 | 99 | ^c 121 | 120 |
| Workload/Outputs: | | | | | |
| Number of clients referred to the program | 8,499 | 6,608 | 10,104 | 10,100 | 10,200 |
| Number of clients diagnosed with TB | 73 | 67 | 80 | 88 | 90 |
| Inputs: | | | | | |
| Expenditures (\$000) | 1,024 | 999 | 999 | ^c 1,229 | 1,229 |
| Workyears | 14.2 | 13.9 | 13.9 | ^c 14.9 | 14.9 |

Notes:
^aDirectly Observed Therapy is a method in which every dose of anti-tuberculosis medication taken by the patient is directly supervised by the health care worker.

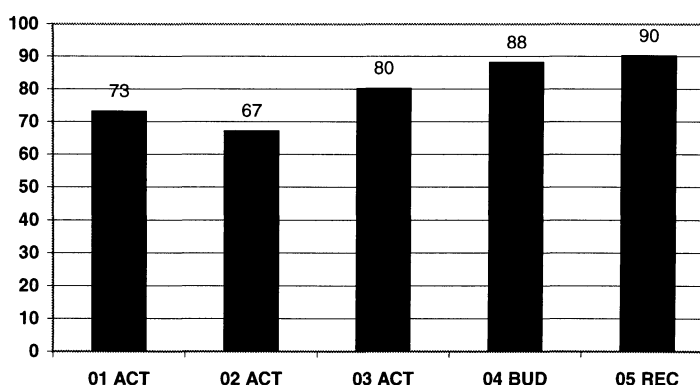
^bA cluster is defined as a change in test result status from negative to two or more positive skin test results over a period of three months following exposure to active tuberculosis.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

TB program objectives are mandated by Federal and State guidelines. The TB Control Program protects the public health by maintaining constant surveillance, early identification, and prompt treatment using Directly Observed Therapy (DOT) of TB suspects/cases. Contact with active cases is evaluated promptly, and appropriate follow-up measures are initiated.

The program targets high-risk individuals in the Montgomery County Detention Center, Drug Treatment, HIV, and the foreign-born for active cases of TB (on average, 95% of the cases are found among these populations). Educational programs are provided to increase public awareness of TB.

Clients Diagnosed with Tuberculosis


PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, hospitals, School Health, criminal justice system, Drug Treatment Center, Metropolitan Council of Governments.

MAJOR RELATED PLANS AND GUIDELINES: Occupational Safety and Health Administration, Maryland Occupational Safety and Health, Centers for Disease Control, National Institute of Occupational Safety and Health, Maryland Department of Health and Mental Hygiene, COMAR, local guidelines.

HEALTH AND HUMAN SERVICES

Public Health Services

| | | | | | |
|--|---|------------------------|------------------------|------------------------|------------------------|
| PROGRAM: Women's Health Services | PROGRAM ELEMENT: Fetal and Infant Mortality Review Board (FIMR) | | | | |
| PROGRAM MISSION: To further reduce fetal and infant mortality and improve perinatal ^a systems through the analysis of qualitative and quantitative record reviews and maternal interviews | | | | | |
| COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy | | | | | |
| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
| Outcomes/Results: | | | | | |
| Rate of infant mortality in Montgomery County per 1,000 live births | 4.4 | 5.4 | 5.5 | 5.5 | 5.5 |
| Number of health and/or health care system issues identified by the Board ^b | 18 | 22 | ^c 7 | 7 | 7 |
| Service Quality: | | | | | |
| Percentage of FIMR meetings where 2 or more cases are reviewed | 100 | 100 | 100 | 100 | 100 |
| Efficiency: | | | | | |
| Cost per review board meeting (\$) | 13,375 | 12,500 | ^d 17,857 | ^e 21,429 | 21,429 |
| Workload/Outputs: | | | | | |
| Number of quantitative record reviews conducted | 91 | 70 | 70 | 70 | 70 |
| Number of qualitative record reviews conducted | 8 | 20 | 14 | 12 | 14 |
| Number of review board meetings held | 8 | 10 | ^d 7 | 7 | 7 |
| Number of maternal interviews conducted | 5 | 35 | 18 | 18 | 18 |
| Inputs: | | | | | |
| Expenditures (\$000) | 107 | 125 | 125 | ^e 150 | 150 |
| Workyears | 1.3 | 1.5 | 1.5 | ^e 1.7 | 1.7 |
| Notes: ^a Perinatal refers to the entire pregnancy and after-birth period. ^b The identification of perinatal systems issues is cumulative through FY02 because recommendations were presented to the Community Action Team for policy consideration for the first time in FY02. ^c The health care system issues identified in FY03 have been consolidated into 7 major categories. ^d The number of FIMR Board meetings will be 6 - 8 in response to a State priority to focus on Community Action Team strategies meetings. ^e A quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. | | | | | |
| EXPLANATION: The four leading causes of infant death are disorders relating to short gestation, low birth weight, congenital anomalies, and sudden infant death syndrome. According to the Healthy People 2010 objectives, infant mortality should be reduced to a rate of 4.5 per 1,000 live births. In 1998, Montgomery County established a Fetal and Infant Mortality Review (FIMR) Board. As described by the National FIMR Program, "FIMR provides for improved public health needs assessment and quality assurance, as well as a basis for policy development" towards reducing infant mortality. The FIMR Board is designed to provide qualitative perinatal record review and analysis of County fetal and infant deaths in an effort to reduce infant morbidity and mortality and improve perinatal systems infrastructure. Between 1998 and 2000, 256 record reviews and 13 maternal interviews were conducted. Beginning in FY02, the program implemented record reviews for 50% of all County fetal and infant mortality events; half of the records reviewed also included maternal interviews. This effort will be augmented by reviews conducted by the Child Fatality Review Board for infant deaths occurring more than 30 days after birth. The data will be analyzed by the Department's epidemiologist for presentation to the Board's collaborating partners, with multidisciplinary recommendations for policy, strategy, and interventions along with the findings from the FIMR and Child Fatality Review Board processes. A related outreach and education strategy has been the Perinatal Network newsletter circulated to 1,500 partners per issue. This has fostered a collaborative relationship of communication and networking on important perinatal risk factors. The newsletter has helped to raise consciousness within the perinatal community on preconceptual and perinatal health issues, health standards and priorities, infant morbidity and mortality issues, leading risk factors for infant mortality, and statistical trends in women's reproductive health. | | | | | |
| PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State Center for Maternal and Child Health, Collaboration Council, Child Fatality Review Board, MedChi, African American Health Initiative Infant Mortality Committee. | | | | | |
| MAJOR RELATED PLANS AND GUIDELINES: American College of OB/GYN standards and guidelines, Centers for Disease Control and Prevention, Food and Drug Administration (radiology standards), Healthy Start Reference Manual, Center for Medicare and Medicaid Services, National Fetal and Infant Mortality Review Program, Health Resources and Services Administration's Maternal and Child Health Bureau. | | | | | |

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Women's Health Services

PROGRAM ELEMENT:

Maternity Program Partnership

PROGRAM MISSION:

To assure access to and the provision of prenatal health care services for uninsured Montgomery County women of childbearing years

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|--|----------------|----------------|----------------|----------------|--------------------|
| Outcomes/Results: | | | | | |
| Percentage of healthy birth weight babies ^a born to enrolled pregnant women | 95 | 93 | 96 | 95 | 97.5 |
| Percentage of clients enrolled for care in the first trimester of pregnancy | 39 | 34 | 26 | 26 | 28 |
| Service Quality: | | | | | |
| Percentage of clients satisfied with care | NA | NA | NA | 95 | 95 |
| Efficiency: | | | | | |
| Average cost per pregnant woman enrolled for prenatal care and delivery (\$) | 756 | 860 | 779 | 878 | ^b 1,041 |
| Workload/Outputs: | | | | | |
| Number of pregnant women enrolled for maternity care | 1,257 | 1,279 | 1,431 | 1,500 | 1,600 |
| Number of pregnant women enrolled for care in the first trimester of pregnancy | 333 | 426 | 367 | 390 | 448 |
| Number of enrolled pregnant women who deliver | 994 | 1,198 | 1,172 | 1,180 | 1,264 |
| Number of babies born with a healthy birth weight | 850 | 1,114 | 1,125 | 1,140 | 1,232 |
| Inputs: | | | | | |
| Expenditures (\$000) | 915 | 1,100 | 1,115 | 1,317 | ^b 1,666 |
| Workyears | 4.5 | 4.5 | 4.5 | 4.5 | 5.3 |

Notes:
^aHealthy birth weight is a baby weighing more than 2,500 grams (about 5.5 pounds).

^bThe cost to provide services has increased.

EXPLANATION:

The Maternity Program Partnership, which was fully implemented in September 1999, is composed of two components. The Department of Health and Human Services-Holy Cross Hospital Maternity Program Partnership provides low-income, uninsured women access to comprehensive clinical obstetric services through a multi-disciplinary public-private partnership with Holy Cross Hospital and the Department of Health and Human Services' Project Deliver Program. The program also provides reimbursement and medical malpractice coverage for private sector obstetricians and gynecologists for labor and delivery services at Holy Cross Hospital.

Scientific analysis has found a strong association between early and continuous prenatal care and improvement in pregnancy outcomes. Studies evaluating the impact of prenatal care on neonatal morbidity found low birth weight, premature rupture of the membranes, pre-term delivery, and intensive care nursery admissions more likely in women who received little or no prenatal care than in those who received prenatal care from a publicly funded program. Estimates are that for each dollar spent on prenatal care for this population, \$53.66 was saved in hospital charges. Regardless of socio-economic status, women who fail to get early, regular, comprehensive prenatal care are at greater risk for having a low birth weight baby. The percentage of healthy birth weight babies among the population served by this program in FY03 was 96%. However, in FY03, only 26% of Department of Health and Human Services clients entered care in their first trimester, compared to 34% in FY02.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Holy Cross Hospital; Vegetarian Institute of Nutrition and Culinary Arts, Inc.; Crittenton Services; Barwood and Regency cab companies; Department of Health and Mental Hygiene's Center for Maternal and Child Health; Planned Parenthood; Women, Infants, and Children Program; Department of Health and Human Services' Community and School Health Services, Communicable Disease and Epidemiology.

MAJOR RELATED PLANS AND GUIDELINES: American College of Obstetrics and Gynecology standards and guidelines, Centers for Disease Control, Food and Drug Administration (radiology standards), Department of Health and Mental Hygiene Maternal Health Clinical Guidelines, Holy Cross Hospital Clinical Pathways for Maternal Health, Healthy Start Reference Manual, Health Care Financing Administration (now called the Centers for Medicare and Medicaid Services).

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Women's Health Services

PROGRAM ELEMENT:
Reproductive/GYN Health Services

PROGRAM MISSION:

To assure access to reproductive health/gynecological services for indigent women of child bearing age through contractual agreements with community partners

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

| | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|--------------------|--------------------|----------------|------------------|----------------|
| Outcomes/Results: | | | | | |
| Percentage of indigent women of child bearing age receiving services ^a | 10 | 9 | 7 | 9 | 9 |
| Service Quality: | | | | | |
| Percentage of clients receiving an appointment within 30 days of their initial referral | NA | 100 | 90 | 100 | 100 |
| Efficiency: | | | | | |
| Annual cost per client for comprehensive services (\$) | 169 | 117 | 141 | 127 | 127 |
| Workload/Outputs: | | | | | |
| Number of family planning visits | ^b 6,070 | ^b 7,000 | 5,301 | 5,500 | 5,500 |
| Number of women enrolled | 3,500 | 3,500 | 2,476 | 3,150 | 3,150 |
| Number of women having at least one visit during the fiscal year | NA | 3,500 | 2,900 | 3,150 | 3,150 |
| Inputs: | | | | | |
| Expenditures (\$000) | 593 | 409 | 409 | ^c 400 | 400 |
| Workyears | 0.7 | 1.0 | 1.0 | ^c 0.9 | 0.9 |

Notes:

^aBased on an estimated population base of 36,011 eligible women in Montgomery County. Estimates based on Census 2000 data project this number to be even higher - between 40,000 and 44,000.

^bEstimate. The necessary report from the Public Health Services' PULS database was delayed due to lack of funding.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The County provides comprehensive reproductive health and gynecological services for uninsured, indigent women up to 250% of the Federal Poverty Level through contractual agreements with community providers. County funding is supplemented through a State Reproductive Health Title X grant. Providers have cultural and linguistic capacity. Eligible clients are referred to the State's Breast and Cervical Cancer Diagnosis and Treatment Program as appropriate for gynecological consultative services. County Maternity Program Partnership clients enrolled for prenatal care are referred into reproductive health care/gynecological services after their postpartum appointment. Teens constitute twenty percent of the total reproductive health enrollment. Arrangements continue for fast-track referrals from the County's Sexually Transmitted Disease clinics into family planning services after treatment. In addition, through the Improved Pregnancy Outcome grant and the combined Reproductive Health/Family Planning grant, the County has specifically targeted perinatal partnerships and quality assurance standards/credentialing. These efforts have included community and provider education, public awareness activities, and continued network development. This comprehensive approach is designed to reduce unintended pregnancy, improve pregnancy outcomes, and improve the health of adolescents and other high-risk groups.

The Alan Guttmacher Institute 2000 report, "Fulfilling the Promise: Public Policy and US Family Planning Clinics," found that clinics funded by Title X prevented 1.3 million unintended pregnancies from occurring each year and 5.5 million teenage pregnancies over the last 20 years; provided contraceptive services for one in four women generally, including an even larger proportion of adolescents, women with low incomes, and minority women; and provided preventive services such as pap smears and HIV/STD screening. The foremost recommendation of the Institute of Medicine report, "Best Intentions: Unintended Pregnancy and the Well Being of Children and Families" (1995) cites adopting a social norm in which pregnancies are intended as a major determinant in reducing unwanted pregnancy. The most important implementation strategy is contraceptive use. Since 1982, the percentage of women in the US using contraceptive methods has risen from 56% to 64%. Yet 5.2% of women aged 15-44 having intercourse in the last three months did not use contraceptives.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Planned Parenthood of Metropolitan Washington, Inc., Department of Health and Mental Hygiene's Center for Maternal and Child Health, Department of Health and Human Services' Community Health, School Health, and Communicable Disease and Epidemiology programs.

MAJOR RELATED PLANS AND GUIDELINES: American College of OB/GYN standards and guidelines, Centers for Disease Control, State Department of Health and Mental Hygiene's Family Planning Clinical and Administrative guidelines, Contraceptive Technology.

HEALTH AND HUMAN SERVICES

Public Health Services

| | |
|--|---|
| PROGRAM: Women's Health Services | PROGRAM ELEMENT: Women's Cancer Control |
|--|---|

PROGRAM ELEMENT MISSION:
To reduce mortality rates through early detection and linkage to follow-up care

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

| PROGRAM MEASURES | FY01 ACTUAL | FY02 ACTUAL | FY03 ACTUAL | FY04 BUDGET | FY05 CE REC |
|---|----------------|----------------|----------------|--------------------|----------------|
| Outcomes/Results: | | | | | |
| Total number of cancers detected | 11 | 18 | 17 | 25 | 25 |
| Number of cancers detected in early stages | 10 | 13 | 14 | 19 | 19 |
| Percentage of breast cancers detected in early stages | 91 | 62 | 76 | 75 | 75 |
| Service Quality: | | | | | |
| Percentage of women satisfied or very satisfied with treatment program services | 100 | 100 | 100 | 100 | 100 |
| Efficiency: | | | | | |
| Average cost per screening (\$) | 336 | 310 | 299 | 377 | 377 |
| Workload/Outputs: | | | | | |
| Number of women screened | 2,330 | 2,527 | 2,620 | ^b 2,000 | 2,000 |
| Number of women returning for annual routine screening | 1,386 | 1,765 | 1,782 | ^b 1,500 | 1,500 |
| Percentage of women retained for annual routine screening | 70 | 76 | 68 | 75 | 75 |
| Number of women with abnormal findings who are case managed ^a | 949 | 850 | 650 | ^b 500 | 500 |
| Inputs: | | | | | |
| Expenditures (\$000) ^c | 782 | 783 | 783 | ^d 753 | 753 |
| Workyears | 3.2 | 7.0 | 7.0 | ^d 5.5 | 5.5 |

Notes:

^aAbnormal findings include suspected cancers and/or actual cancer.

^bIn FY04, the program expanded services to include ultrasound of the breast and surgical consultations with no budget increase, resulting in a reduction in the number of women screened.

^cThis program is 100% grant funded.

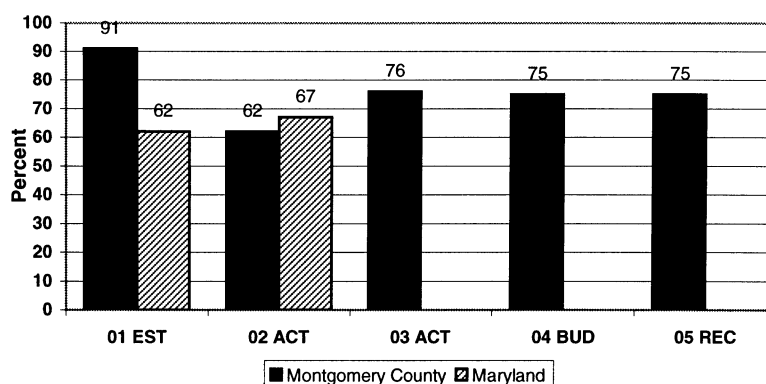
^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Women's Cancer Control provides screening services for breast cancer to women between 40 and 49 years of age, and provides breast and cervical cancer screenings to women 50 and over who are uninsured and whose income is below 250% of the Federal Poverty Level. These services are offered to reduce mortality rates through early detection and linkage to follow-up care.

This graph compares Montgomery County percentages of breast cancer detected through early screening as a result of the breast cancer screening program to the percentage for the State of Maryland. The percentage of cancers found through early detection will increase as more women are screened on an annual basis.

Percentage of Breast Cancers Found Through Early Detection



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Adventist and Shady Grove Adventist Hospitals, Suburban Hospital, Spanish Catholic Clinic, Proyecto Salud, American Cancer Society, physicians, radiology facilities, Centers for Disease Control, Maryland Department Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State regulations, American College of Obstetricians and Gynecologists, Food and Drug Administration (radiology standards).